

HEALTH & HUMAN SERVICES COMMITTEE
of the
Suffolk County Legislature

Minutes

A regular meeting of the Health & Human Services Committee of the Suffolk County Legislature was held in the Rose Y. Caracappa Legislative Auditorium of the William H. Rogers Legislature Building, Veterans Memorial Highway, Hauppauge, New York, on **December 1, 2005**.

Members Present:

Legislator Daniel Losquadro • Acting Chairman

Legislator John Kennedy

Legislator Ricardo Montano

Legislator Peter O'Leary

Legislator Cameron Alden

Members Not Present:

Legislator Paul Tonna • Chairman

Legislator Allan Binder • Vice•Chair

Legislator Peter O'Leary

Also in Attendance:

Mea Knapp • Counsel to the Legislature

Ron Cohen • Aide to Legislator Tonna

Ilona Julius • Deputy Clerk/Suffolk County Legislature

John Ortiz • Senior Budget Analyst/Budget Review Office

Linda Bay • Aide to Presiding Officer Caracappa

Dan Hickey • Aide to Presiding Officer Caracappa

Frank Tassone • Aide to Majority Leader

Paul Perillie • Aide to Minority Leader

Ed Hogan • Aide to Legislator Nowick

Bob Martinez • Aide to Legislator Montano

Ben Zwirn • Assistant County Executive

Todd Stebbins • County Executive's Assistant

Chris Jeffries • County Attorney's Office
Jenny Kohn • County Attorney's Office
Jacqueline Caputi • County Attorney's Office
Janet DeMarzo • Commissioner/Department of Social Services
Ed Hernandez • Deputy Commissioner/Department of Social Services
Linda O'Donohoe • Assistant to the Commissioner/Dept of Social Services
Bob Chieffo • Director•Client Benefits/Department of Social Services
Nancy Woessner • Client Benefits/Department of Social Services
Dr. Brian Harper •Commissioner/Department of Health Services
Dr. David Graham • Chief Deputy Commissioner/Dept of Health Services
Dr. Patricia Dillon • Deputy Commissioner/Department of Health Services
Len Marchese • Department of Health Services
Vito Minei • Director/Divison of Environmental Quality/DHS
Walter Dawydiak • Chief Engineer/Department of Health Services
Dr. Scott Campbell • Director/Public Environmental Health Lab/DHS
Kenneth Hill • Public Environmental Health Lab/DHS
Leslie Mitchel • Deputy Commissioner/Department of Public Works
Dominick Ninivaggi • Director/Division of Vector Control • DPW
Tom Iwanejko • Division of Vector Control/Department of Public Works
Steven Moll • Island Public Affairs
Kevin McAllister • Peconic Baykeeper
Matthew Atkinson • Counsel to Peconic Baykeeper
Bob DeBona • President/Mastic Beach Property Owners Association
Dominick Licata • Chairman/Smith Point Property Owners Association
Erica Chase • Child Care Council of Suffolk
Sonya Wagner • Response of Suffolk
Dr. Anthony Hollander • Pres/NY Institute for Applied Behavior Mgmt
Lydia Sabasto • 1st Vice•President/AME
Chau Lam • Newsday
All Other Interested Parties

Minutes Taken By:

Alison Mahoney • Court Stenographer

(*The meeting was called to order at 11:53 A.M.*)

ACTING CHAIR LOSQUADRO:

We will be calling the meeting of the Health and Human Services Committee to order, I will be chairing this meeting today. The Presiding Officer, Joe Caracappa, has replaced Legislator Brian Foley with Cameron Alden for today's meeting; we will make that memorandum a part of the record so that Legislator Alden will officially serve as a member of this committee today.

I call this committee to order. I ask the Legislators who are here to return to the horseshoe. We begin this meeting with a Pledge of Allegiance led by Legislator Alden.

Salutation

Thank you very much. We'll give the members of the public a chance to speak first and our first card, and I see it's also listed under discussion by the chairman of the committee, is Anthony Hollander.

Mr. Hollander? You can have a seat at the table if it's easier for you.

MR. COHEN:

It's actually Dr. Hollander.

ACTING CHAIR LOSQUADRO:

Dr. Hollander, I apologize.

DR. HOLLANDER:

That's quite all right. First of all, I want to thank everyone for giving me the opportunity to speak to you this morning on what I consider to be an extremely important issue, something that's affecting all of us in one way or another.

I don't want you to hear me as the ramblings of an old man, but I've been in this business a long time and I am extremely passionately involved in the treatment and care of persons with Autism Spectrum Disorders. I have already furnished the committee with a copy of my _curricula vita_ , so that should be available to you.

"The reason that I'm here is a recent article that appeared in Suffolk Life Newspaper, it's written

by a chiropractor on the care and treatment of persons with autism. I contacted Suffolk Life as an attempt to clarify the article and respond to the article and I was not allowed to do so, so I spoke with Legislator Angie Carpenter and she suggested that I get in touch with this committee and here I am. I've prepared a handout for you, so I am going to read that. There are a couple of additions to the handout based on very recent news, and it's going to be very short."

"For a country that is considered to be a true leader in the world as we know it, it is very scary to think that we are now experiencing a new type of epidemic here in the United States. This epidemic, as defined by the Centers for Disease Control and the National Institutes of Health and various states across the nation, consists of a statistically significant increase in the incidents of autism, autism spectrum disorders, pervasive developmental disorders and an associated increase in Attention Deficit Disorder and Attention Deficit Hyperactive Disorder. Autism Spectrum Disorders now present an incidence of one out of every 166 births here in the U.S., and this is a 2,000% increase in ten years." I'm going to add that just this week Pennsylvania declared a state of emergency, an epidemic, they now have over 75,000 persons with autism in Pennsylvania."

"For the first time ever, the National Institutes of Health are dedicating very large sums of money to the investigation into Autism Spectrum Disorders. Organizations now are bound with both far reaching missions and hypotheses about the reason for this epidemic. There is currently so much confusion out there as to why and who or what to blame that the game of trying to keep track of all of these opinions is now impossible. Each organization basically establishes what they think are the markers of Autism Spectrum Disorder and they've set out to conduct research to either prove their position or disprove another organization's opinion or both. The arguments all come down to simple issues surrounding something structurally wrong with the brain" ••

ACTING CHAIR LOSQUADRO:

Dr. Hollander?

DR. HOLLANDER:

Yes.

ACTING CHAIR LOSQUADRO:

I apologize, I was not part of setting up this agenda. So being that you were within the public portion your three minutes have expired, but if we would ask a question we could give you the opportunity to elaborate on that question. So I guess my question to you is would you like to finish reading your statement?

DR. HOLLANDER:

I would love to finish reading my statement.

ACTING CHAIR LOSQUADRO:

Please, then continue, your time is continued.

DR. HOLLANDER:

Thank you. "The arguments all come down to some simple issues surrounding something structurally wrong with the brain, so what caused it. Childhood vaccinations are the problem, proven or not •• proven not to be the case. Genetic disturbances that are triggered by some environmental influence or genetic disturbances that are triggered by some virus. Both the Office of Management of the Budget and the General Accounting Office in 2002 reported a price for the treatment of Autism Spectrum Disorders at \$90 billion, this year they estimated the cost for care of at least \$200 billion. In 2002, Suffolk County spent \$20 million on the treatment of 2,000 children just in early intervention programs. Several states are now charging a copayment for families receiving these services to offset the ever growing costs."

"All of this confusion, coupled with all of this money being sent to uncover the reason for the epidemic, has basically created even more problems. Given the confusion as to why such an epidemic, parents and families are being lead into thinking along certain lines that in turn lead parents to making many very hard decisions about how to treat the child. Another major dilemma has been what to do with the ever growing population of persons with autism. Where do we place these children? Who should be given the responsibility for both the treatment, to create behavior change, and education, to create basic life skills, so that these individuals can learn to function in society. Without proper direction, there will be a continuation of a terrible waste of money. In the absence of positive changes in both etiology and prognosis and lasting change in behavior problems •• patterns."

"Both the Federal Government through IDEA and New York State Department of Health Early Intervention have issued publications on best practice guidelines that are not adhered to with respect to how to work with these individuals. The medical community and the drug manufacturers have developed many new types of medications designed to lessen the behavioral difficulties associated with these behavior patterns. Unfortunately we have come to learn that these medications are not very effective over the long run, thus the need for constant changes in medications resulting in all sorts of medicine cocktails taken daily by these individuals."

"We are also learning that the medications come with many different types of contraindications and side effects. At the present, schools are not equipped to handle these problems or the populations. There is not enough trained personnel to direct, not enough trained personnel to work directly with these populations. Add to this problem space limitations, scheduling issues, mainstreaming, inclusion, self-contained classes and the vast array of behaviors that these children manifest in social situations, all of which contribute to an unwelcoming district-based situation at best. I should also add all of the problems associated with school budget approvals and increasing conflicts between parents with regard to where money should be spent."

"Another issue that needs immediate consideration is that of the ever increasing cost of these children's programs. Trained personnel, occupational therapists, special education teachers, aides, speech therapists, physical therapists, psychologists, consultants, one-to-one home health care workers, experts, special buses, the list goes on and on, are not available. Additionally, these families often require additional services such as in-home or out-of-home respite care, crisis intervention, sibling support groups and therapy in the home to supplement the out-of-home programs the child attends."

"Parents, family members and professionals alike need to know that concerns over best practice strategies should be sought out for the care of the child. Best practice is a term that conveys the strategies that are based on the most currently scientifically sound research. A family member seeking assistance for their child will come into contact with a wide variety of opinions about what should be done for the child. As mentioned above, there are so many different opinions that keeping track of them is impossible. For example, gluten-free diets, chemical cleansing through chelation, brain surgery involving the Chiari area, brushing, chiropractic care, alternative medicine, swimming with dolphins, horseback riding, applied behavioral analysis and

sensory stimulation rooms are only a few of the current types of recommendations that families will receive."

"How does one differentiate between what is best practice and what is tantamount to snake oil for the treatment of autism? You have to seek out the research that supports the particular type of approach being suggested; this can be very difficult for those parents that are not only overwhelmed by the recent diagnosis/classification of the child, but also unfamiliar with the process of determining what is and what is not best practice for their child."

"Best practice should convey a clear picture of what is wrong with the child and how to fix that problem; a child that screams all of the time and is not consolable, creates a major disruption in the family, bus, school, religious meetings, shopping, restaurants, etcetera, etcetera. How does one treat the child so that the child does not scream in these situations? Which method or methods decrease the screaming? Which methods decrease the screaming in as nonstigmatizing a manner as possible?"

"The same dilemma is true for all of the other aspects of these syndromes; asocial, difficulty in transitions, over•selective attention to only one thing, no language, no compliance to cues and directions from others, inability to tolerate changes in the environment and an intense desire to have everything remain the same and physically aggressive behaviors that manifest an outwardly aggression toward themselves, others and objects or all three at the same time."

"Clearly, this ever increasing population of children that eventually become adolescents and then adults needs immediate attention and care. More money is required for basic research to identify new and more beneficial areas of best practice. More money is required for the basic research to identify how to train personnel to take the responsibility to effectively work with this population, to bring about the desired changes in the syndrome. More people have to take an active role in educating themselves and others about these syndromes, best practice and how to more effectively work with these children."

"What do we need? We need better oversight of what is currently being done to help these children and their families." I should be quick to point out recent articles about BOCES and the use of time•out rooms and the lack thereof of scientific evidence of the efficacy. "Better on•site training of personnel, better facilities for these populations, better ongoing quality assurance of standards of best practice, better research into a variety of methods that may or may not be

effective with this population so that we can be more effective at health care delivery and more effective at cost containment and cost effective treatment, to take a more proactive approach to early diagnosis and treatment of these children so that we can go back to the use" •• "so that we do not go back to the use of institutions for these and other populations." Thank you very much ••

ACTING CHAIR LOSQUADRO:

Thank you very much. Are there any other questions for Dr. Hollander?

LEG. KENNEDY:

Just a quick question.

ACTING CHAIR LOSQUADRO:

Legislator Kennedy.

LEG. KENNEDY:

Thank you, Mr. Chair. Doctor, I applaud you for bringing the issue to us and for raising concerns about what is a genuine problem for those families that are afflicted by it. The things that you layout, I guess, certainly are something that all families would like to be able to go ahead and avail themselves of when they're trying to cope with the different treatment modalities for autism. Ultimately, what do you •• what do you advocate? Do you believe that it is the behaviorial practices? I ask, I guess, because I've got some familiarity, I was affiliated with DDI for a couple of years and actually worked with adult autistics as a house parent, and their approach, as you must know, is •• or at that time 20 years ago, was exclusively behavioral; where have things come since then?

DR. HOLLANDER:

Well, things have become quite confusing. I'm very familiar with DDI, I wrote the original practice model for the development of DDI several years ago, despite my youthful appearance.

Right now the current literature in best practice is a behaviorial intervention strategy, frequently referred to as behavior analysis or applied behavior analysis. Behavior and management techniques work much better. Let me give you an example; New York State Department of Health issued a Best Practice Guideline in 2000 •• 2001 or 2002 •• in which they said no

method can be used for the treatment of autistic children that is not soundly based in research, principals and practices with defined outcomes; well, that's not being used.

We have, for example, a program I just went to review that was giving the child a chewy toy from a pet store because the kid had an oral motor fixation and needed something to chew on, but they decorated it with a nice pink strap because it was a girl, so she has this chewy toy around her neck. The literature says it's completely and totally not useful, it doesn't work; in fact, what they noted was there's been an increase in her biting over the time that she's had this toy. This is stuff that can be eliminated, we don't need to have an entire team of a school sitting around and sending someone out to buy a chewy toy when the literature is already there that we know it doesn't work. So what I'm saying is we need to put more effort in to quality assurance and best practice and accountability of standards, especially if we've already got literature that says we shouldn't be doing things and people are still doing them.

LEG. KENNEDY:

The other thing that comes to mind •• and thank you, Doctor •• is have you had any kind of dialogue with our Commissioner of Public Health because ••

DR. HOLLANDER:

Just this morning we met and we intend to speak more in the future.

LEG. KENNEDY:

Excellent, because I believe the early intervention, the jurisdiction is under the Health Department and if there are particular concerns you have, I'm sure Dr. Harper would be interested in hearing some of what you had to say. Thank you for presenting to us.

DR. HOLLANDER:

Thank you.

ACTING CHAIR LOSQUADRO:

Thank you, Doctor. Next card, Erica Chase. You have three minutes.

MS. CHASE:

Good morning. My name is Erica Chase, I'm the Deputy Associate Director at the Child Care Council of Suffolk. It seems that Sense Resolution 63 came out of complaints of 40 residents of

a specific town. Their concerns range from overcrowding their neighborhoods, traffic problems that present a danger to their own children, to, and I quote, "How far away are we from having a methadone clinic or a halfway house in our neighborhood?" I'm here this afternoon to represent the 8,272 parents that dropped off their children this morning at a family child care home and are busy at work right now.

Family child care programs are licensed and/or registered through New York State's Office of Children & Family Services; these programs are highly regulated. I brought with me •• and you can access this on the website or I can make copies for you, but this packet of 42 pages are the regulations that family child care homes have to comply with to run a family child care home. This 43 page document also is for the group family child•care home that have these regulations that they have to follow. These programs are also monitored and the child care providers go through State mandated training to provide this vital service to the families of Suffolk County.

The same gentlemen that compared a family child care program with a methadone clinic was quoted as saying, "There doesn't seem to be a great demand for child care right now, especially with school starting," he was quoted back in September; I beg to differ. Without these programs there would be close to 3,000 children without safe, healthy, regulated early care and education programs each day. Family child care is a vital •• is vital to the infrastructure of Suffolk County's economy.

To bring it down to the township where this is coming from, the complaints, I'd like to share with you that this morning 1,495 children are in family child care homes in the Town of Islip. If what I assume that the residents want are just child care centers, I will tell you that there are only 341 slots available in regulated child care and child care centers, that would leave 1,154 children with no place to go in the Town of Islip today.

The Sense Resolution is an insult to the State of New York and an insult to the working families of the County. I urge you to vote no to Sense Resolution 63. I would like to add just one more point.

ACTING CHAIR LOSQUADRO:

Yes, please; I was going to say, your timing was impeccable. So just please sum up.

MS. CHASE:

Okay. This resolution came from complaints from the same town that today is running a school •age program that is substandard, unsafe and because they found a loophole in the law, this school•age program is unregulated. Thank you for your time.

ACTING CHAIR LOSQUADRO:

Thank you. Next speaker, Kevin McAllister. I remind you again, you have three minutes.

MR. McALLISTER:

Good afternoon. My name is Kevin McAllister, I am President and Baykeeper for Peconic Baykeeper. I want to speak to you about the 2006 Work Plan for Vector Control and really focus, I guess, on some of my concerns about pesticide applications within the water column.

I do want to acknowledge there's been some great strides made in the last couple of years within the program specifically abandoning the grid ditching practice. However, there still are some objectionable elements. I've spoke of use of the adulticides being very highly toxic in the aquatic environment to fish and invertebrates. A recent _NOA_ study provides additional confirmation of impacts to grass shrimp, both lethal and sublethal effects.

Specific to Methoprene, and here's some real concern because this is routinely sprayed over salt marshes on the order of every couple of weeks. This product, again, is a larvicide intended to knock back larval stages in mosquitoes. There's a great deal of research on the product, the University of Minnesota had a five year study with the conclusion that it had seen significant reduction in non•target invertebrates. Dr. Michael _Horst_ out of Mercy University in Georgia has focused on impacts to blue crabs and lobsters, seeing both lethal and sublethal effects at application concentrations. In addition, there's probably another •• we've identified another 16 papers that again speak to real impacts in the environment, both terrestrial as well as aquatic. I want to site what the manufacturer of the product states on their material safety data sheet; "Toxic to aquatic organisms, may cause long•term adverse effects in the aquatic environment," this is the manufacturer.

I recognize •• and perhaps when DPW speaks, if they do, there may be a representation that the product is registered with the EPA and is legal for use. And I just want to point out that with respect to the pesticide regs and EPA's action on this, there is a lag period, it takes a number of years before EPA really catches up with scientific literature that's being generated on

particular products. So although it may be registered today, the fact is that this may have real implications in the aquatic environment.

I want to point out that there is an alternative product, a biological larvicide, BTI; we have no objection to use of this material, it appears to be benign in the aquatic environment. So this is not removing a product or element of the mosquito control activities; again, there is an alternative here.

Just summing up, I'd really like to see some revisions to this plan.

I think we're at a point where if there's ••

ACTING CHAIR LOSQUADRO:

Thank you. Just continue your summation.

MR. McALLISTER:

Sure, thank you. Some concessions on the part of Vector Control, again, a prohibition on Methoprene, assurances of keeping adulticides out of surface waters and some clarity on ditching, the Peconic Baykeeper would find some satisfaction and be agreeable. Short of that, this really needs to be pos•decked, a very low threshold for pos•decking, there is the potential for significant adverse impacts. Thank you.

ACTING CHAIR LOSQUADRO:

Thank you, Mr. McAllister. Next card, Mr. Matthew Atkinson.

MR. ATKINSON:

Good afternoon. I'm Matthew Atkinson, General Counsel for Peconic Baykeeper. I also would like to urge this committee to recommend that changes be made to this plan and they be reviewed appropriately by CEQ and/or the committee for environment. Their silence, after having reviewed this plan, speaks volumes. The plan is not so much of a plan as a plan to make plans to address whatever arises in time. And while flexibility is a good thing, it's important to notice in other jurisdictions or within Suffolk County on Federally managed lands, there are all kinds of thresholds and triggers for the applications of adulticides, larvicides and for water management practices. None of these triggers or any trigger indeed is in this plan whatsoever.

For example, mechanized ditching is being asked not to be considered here, it will be done when appropriate with fairly, you know, general terms of, you know, when it's important to maintain wetland values, it's environmentally beneficial. But all these issues are being studied in the environmental impact statement being prepared, it's what is environmentally beneficial that's at issue here and is, in fact, not disclosed.

The plan should be amended to categorically prohibit the application of adulticides, store estuarine waters and wetlands and otherwise limit adulticide into where there's an actual and present public health threat as determined by specific triggers. Methoprene, the larvicide, should also be prohibited from entering estuarine waters as it is in New York City. Its use in catch basins and other areas where trace amounts escape is not a great concern, but its wholesale application toward salt marshes is. Mechanical ditching can be removed in its entirety or proposed sites specified. The summer surveillance is supposed to indicate where mosquito breeding problems are. Likewise, flooding and culvert issues are identified by Vector Control on a routine basis, they should be disclosed and be part of this plan, it should be specific.

By continued monitoring, surveillance, artificial source reduction, public education, biological control of larval mosquitos and specific and limited water management, Vector Control retains the ability to respond to public health emergencies. The adoption of the 2006 Plan is unlawful, unnecessary and contrary to the public interest. Thank you for your consideration.

ACTING CHAIR LOSQUADRO:

Thank you. Next speaker, Dominick Licata.

MR. LICATA:

I brought my map with me, but it's not necessary. If you're familiar with Smith Point, the peninsula of Smith Point ••

ACTING CHAIR LOSQUADRO:

Just have a seat and make sure you speak directly into one of the microphones so it's on the record and just please state your name before you begin,

MR. LICATA:

Sure. Dominick Licata, Smith Point Beach Property Owners Association. This is the first time

we've been entertained, thank you very much for inviting us down here, Leslie Mitchel and Dominick Ninivaggi.

Some of the problems we have with the mosquitoes down at Smith Point really are the mechanics of how DPW and Dominick's department takes care of the spraying and that we work out on a year•to•year basis. However, in the meantime, one of the major problems we're having is when you have 3,600 mosquitoes in one trap in one week on one body drive down at Smith Point, you multiply that by the amount of mosquitoes that invade us when they come over from the Fire Island National Seashore. Now, the quality of life down there is horrendous in the summer time, especially in the months of August. Now, you've got your Memorial Day Weekend, your Fourth of July Weekend, your Labor Day Weekend, those are the big weekends, usually we get the spraying done because of the influx of revenue that comes down to the south •• the Smith Point County Park. However, the quality of life is horrible, it's horrendous. We can't even get from our backyards to our boats, we just turn around and go back inside the house. Getting out of the canals is just almost impossible. Thirty•six hundred mosquitoes in one trap is a lot of mosquitoes at the end of August.

One of the major problems that we're having down there, again, is another mechanical problem, it has to do with dredging. If the fresh water estuaries were able to move freely into the bay and empty out, that would eliminate some of the problems down in the Smith Point and Mastic Beach area because the creeks are not being suffered by delters that are building up between the end of the creeks and the bay. So there is no flushing of water to be moved out and the mosquitoes are just lying there in the creeks and they're multiplying.

So with that, all I can say is that I support Dominick's job, DPW.

I'm not familiar with the scientific, the chemical part of it, I'm sure the County Legislature is going to work that out and I'll be looking forward to coming back to any meeting upon invitation and I really appreciate this. Thank you very much.

ACTING CHAIR LOSQUADRO:

Thank you, Mr. Licata.

MR. LICATA:

You're very welcome.

ACTING CHAIR LOSQUADRO:

Last card, Robert DeBona.

MR. DEBONA:

Thank you. I'm the President of the Mastic Beach Property Owner's Association. I'm here representing 900 families and trying to find out what is it we can possibly do about the mosquito situation. I can applaud both sides, I sit in with the South Shore Estuary Reserve Committee, I also sit occasionally with the Vector Control meetings and it just seems like we're in a circle here. I have hundreds of phone calls every month during the summer pertaining to mosquitoes, the people can't let their children go out and they don't want to know anything else. It seems like it's become the responsibility of the Vector Control to try to determine just exactly how we're going to handle this situation.

I'm not for polluting the waters. I think we should probably forget about how green our lawns are if we could have some type of spraying to prevent our children from catching some type of disease. I don't know really where to go with this. You hear both sides of the stories, but it's really hard to turn a deaf ear to the amount of people that call and complain that their children are just infested with mosquito bites. Some type of dual action, if there is a chemical that we can use that doesn't contaminate the water, I think we should go that way. I know Vector Control is trying very hard to come up with something and I appreciate your time and your effort and your consideration towards continuing with this effort. Thank you very much.

ACTING CHAIR LOSQUADRO:

Thank you, Mr. DeBona. And just to clarify, it's not something that has become the responsibility of government, this has always been the responsibility of government. One of the functions of government, especially on the County level, is protecting the public health, especially through the control of vector•borne diseases. So I appreciate you recognizing that. Thank you very ••

MR. DEBONA:

I just don't want to go backwards after •• you know, we seem to be making some progress and if there is a chemical that we can use then we should probably take the consideration in using it.

ACTING CHAIR LOSQUADRO:

Thank you very much, sir.

MR. DEBONA:

Thank you.

ACTING CHAIR LOSQUADRO:

Having no more cards, anyone else wishing to be heard before this Committee? Seeing none, we'll close public portion. And we will go to presentation by the Health Department, I believe, and Public Works; is that correct? I'm going to make a motion, this way it's before us while we listen to this presentation. I'm going to make a motion to take 2235 out of order, seconded by Legislator Montano. All those in favor? Opposed? **2235** is before us, ***Approving the Vector Control Plan of the Department of Public Works, Division of Vector Control, pursuant to Section C8•4(B) of the Suffolk County Charter (County Executive)***.

It is live and we will listen to the presentation.

DEPUTY COMMISSIONER MITCHEL:

You ready?

ACTING CHAIR LOSQUADRO:

Yes. And I assume I shouldn't be using the timer for this one?

DEPUTY COMMISSIONER MITCHEL:

Don't waste your time. It's still morning? Good afternoon. I'm Leslie Mitchel, I'm the Deputy Commissioner at the Department of Public Works. I thank you for the opportunity to hear us out.

I'd like to introduce all these people at the table, if I could. Dominick Ninivaggi, Superintendent of Vector Control; Walt Dawydiak with the Health Department's Office of Ecology; Dr. Harper is the Commissioner of the Health Department; Dr. Dillon to my left is with the Public Health Division; to my right we have the County Attorney's Office represented by Chris Jeffreys and Jenny Kohn.

What you have before you is the 2006 Annual Vector Control Plan of Work. As you know, we are required to have an annual plan of work adopted each calendar year. The current plan of work will expire December 31st. We do activities beginning in January, water management activities. It is very important that we not have a lapse in the preventive program.

As you know, in 2002 a decision was made to move forward with the comprehensive long-term plan and full environmental impact study. The draft long-term plan has been distributed and will be considered by CEQ later this month. The Annual Plan of Work that is before you right now does not conflict with the draft recommendation of the long-term plan.

Vector Control activities are designed to protect the public health and the environment. The plan is an integrated control program which employs a hierarchical approach emphasizing prevention. Control proceeds from the more environmentally friendly measures such as water management and biological control to the use of highly specific larvicides and chemical controls such as adulticides. These are used only as a last resort. And these applications are guided by surveillance and are highly targeted.

The plan has undergone several changes over the past few years. Some of the more notable changes in the plan that is before you right now is the use of the Adapco Wingman Airspray System, which is a computer model that will allow us to be much more specific and more targeted in our •• in any adulticide applications that we are required to use.

There's a further reduction in the use of hand maintenance of existing ditch systems. No new ditches. That reduction is from 400,000 linear feet in '05 to •• not to exceed 200,000 in '06. All these activities are conducted in coordination with the Health Department Office of Ecology and with the New York State DEC. Any machine water management activities will be to repair and replace existing structures. There will be no new machine ditching. And the only ditching will be conducted if it is needed to restore tidal flow to reduce mosquito breeding and protect the marsh.

We did have six confirmed human cases of West Nile Virus, 75 isolations of positive mosquito pools, they included two human biting species. And I think I'll turn it over to •• some of the more technical aspects of the presentation, unless you have any questions.

ACTING CHAIR LOSQUADRO:

No.

DEPUTY COMMISSIONER MITCHEL:

I think I'll let Dominick go first, unless •• Dr. Harper, did you want to ••

COMMISSIONER HARPER:

No. This is •• Dominick.

DEPUTY COMMISSIONER MITCHEL:

Okay, we'll let Dominick go first and we'll work our way down.

MR. NINIVAGGI:

What I want to do is to go over a little bit of the history of some of the problems we deal with and how that relates to the way the program is designed. And in particular in the last few years we've had to deal with West Nile Virus, and this just shows the distribution of the virus the first year we encountered it in 1999. And we had very limited surveillance because it was a brand new virus, but we found out that we had horses sick and dying in the eastern part of the County. We had found positive dead birds and we did find positive mosquitos. So, as this country has found out, there's a problem with West Nile Virus; fortunately we have no human cases.

We've had a comprehensive surveillance program going over the last six years looking for virus in mosquitos and in birds. And the only thing I would like you to get out of this particular slide is that when you look at the problem cumulatively over the years, the number of positive mosquito groups and the number of positive birds may vary, but basically West Nile Virus is distributed throughout the entire County, which means that basically County residents all over are at risk. And this is something we have to take into account in the design of the program.

We have another mosquitos born virus that is a very serious one also. Fortunately it's relatively rare. It's called Eastern Equine Encephalitis. Fortunately this virus tends to be concentrated in relatively small identifiable focal areas. And this is just a history from 1994 through 2003. We had declared public health threats for Eastern Virus in '94 and 1996. We actually had an equine case in Montauk in 2003, which is very significant because when you have a horse go down, what that tells you is mosquitos that bite people, that bite mammals are out there with the

virus. So we had a very close call in 2003 to having human cases.

We were very fortunate this year not to have Eastern Equine activity. It was found in Nassau County. They had an equine case. New Hampshire had seven human cases, two of them fatal. Massachusetts four human cases. I believe two of them were fatal. And one of the things about Eastern Virus is that the fatality rate is much higher than for West Nile Virus. This is an extremely serious illness. And it's carried by many of our common species. We actually did have Malaria in 1999 also. We had two human cases. So mosquito born disease is a reality in Suffolk County.

The program is designed •• and unfortunately we can use a little darker room •• but basically the program is primarily intended to be preventative, to look at the larval sites where the mosquitos breed. And what you find hard •• these little hard to see green dots are what we call primary breeding sites. These are areas that we've identified that produce mosquitos on a regular basis and that we visit regularly.

The red areas are areas that are primarily salt marshes that we have to treat by helicopter because they're too large for treatment by ground. And basically you can see a lot of this •• the problem areas are in our low lying areas. A lot of our aerial sites are along the shore of the Great South Bay where we have mosquitos breeding and large numbers of people.

This shows where we actually treated for larval mosquitos in 2005. And as you can see, these low lying areas tend to have the most areas that needed treatment, but we did control mosquito larvae throughout the County. We use a variety of materials for that; bacterials, an insect growth regulator Methoprene. We actually treated •• we are primarily a bacterial program in terms of the number •• the areas that we look at particularly in fresh water. However, Methoprene plays a very vital role in our salt marsh areas. This is an area •• Methoprene has proven to be indispensable to get effective control and to reduce the amount of spraying in residential areas. For over ten years, we attempted to control salt marsh mosquitos with the bacterial product BTI alone. And frankly it was a failure. And we were able to document that when we added Methoprene to the program, we had in many areas a 90% reduction in the number of mosquitos reaching populated areas.

So we can talk a little bit more about the risks associated with Methoprene. We continue to believe there's no significant environmental impacts associated with it. And it's a benefit to the

environment in terms of reducing our need for the more highly toxic adult control materials and particularly avoiding the need to have to spray residential areas which we would like to avoid if at all possible.

This map shows service calls, people complaining that they're being bitten by mosquitos. And again while they're throughout the County, they tend to be concentrated along the salt marshes of south shore particularly in 2005. These blue polygons are areas we treated basically for numbers of mosquitos, what we call Vector Control applications. And as you can see, they're concentrated in these areas where we have high numbers of salt marsh mosquitos particularly in 2005 when it was dry. But we did treat areas in response to West Nile Virus where there are relatively few people complaining about the number of mosquitos, but our surveillance showed a risk of viral transmission.

So this is an important point to make; is that we certainly take into account when people are calling us particularly in the areas as you can see where Mr. Licata is coming from. We have serious, serious mosquitos problems there. But every time somebody calls, we don't necessarily send a truck and treat them. What we try to do is judge if there is a mosquito problem, if it's a serious one and whether it's something that will persist if we don't take some kind of action.

You hear a lot talk about criteria for using adulticides, control for adult mosquitos. And paying 17 of the Plan describes the basic criteria. Reports of people being bitten. Again, this is when we don't have a pathogen detected. We look at whether people are being bitten. We verify that this really is a problem and people aren't just calling us because they have a barbecue coming up. We look to see whether the control is technically feasible. And is this control really necessary, will the problem go away on its own.

Deciding if there is a biting mosquito problem. And again, there's no mosquito problem if people aren't being bitten in any way. We look at where our crews are telling us, because our crews are out there in the breeding areas and they tend to get bitten before anybody. We look at our trapping in the areas and in areas adjacent to the populated areas as an early warning. In other words, if there are a lot of mosquitos out in the salt marshes biting my staff, I can have a pretty good indication that in a few days they're going to be moving to the neighborhood and biting the residents.

We look at service requests and as you can see from the previous slide, we actually map these things so we can determine what the geographic extent of the problem is and to give us an idea of how severe it is. And we do listen to requests from community leaders where communities are organized such as property owners organizations or elected officials. You know, Legislators do call us to tell us that their constituents are being bitten and we certainly take those requests very seriously, but that doesn't mean we automatically send a spray, we need to go and see what the problem is. And the way we verify whether there's a problem is looking at some of our New Jersey traps which are fixed location traps, they have been in an area for a long time so they give us an idea of what's normal for the area and what's unusual.

A rough guideline that's used by many district is when you start to see 25 female mosquitos per night in human biting species, that's generally an indication of a problem, although not always, sometimes we'll see a lot of mosquitos and we still don't see a lot of people being bitten for various reasons. We can use our portable light traps and those generally don't have a history behind them and a rough guideline is about a hundred of these species per night in these traps, and we look at the landing rates, the number of mosquitos landing on our staff out in the field. You know, if you picture in your backyard, if one to five mosquitos are landing on you per minute, you would probably think that you had a problem in terms of just the biting alone, in terms if a lot of mosquitos are biting people, that increases the risk of disease transmission.

We look to see whether it's possible to be effective and we look at things like weather, are there enough roads for truck access, do we have too many wetlands in the area to do effective control. We have buffers around open water that we have to look at. We to look at threatened and endangered species. We look at whether there are a lot of no-spray list members that might not allow treatment and labeled restrictions; for instance, if there's a lot of farmland and the pesticide is not registered for that, we might not be able to treat. So once we identify that there's a problem out there, we have to go and see on the negative side, is there a reason •• can we treat successfully and is there a reason not to treat?

We're not interested in treating an area •• we shouldn't use pesticides if a problem is going to go away on its own, and there is a certain amount of judgment and experience that's involved in making that call. We'll get the history of the area, for instance, in southern Shirley and Mastic Beach, that's a chronic problem area. If there are a lot of mosquitos biting residents there, we can be pretty confident that if we don't do something that problem will continue. Will

the problem spread? For instance, if there are salt marsh mosquitos entering residential areas, those are long distance fliers and we know if we don't do something they're just going to fly further inland and cause more problems for more people. We look at whether people are adjacent to sources where we're not controlling the larvae like the national seashore. And again, when these mosquitos are pouring out of the national seashore, the problem is not going to resolve itself.

Life history factors. Has a bunch of new mosquitos emerged and they're going to be around for awhile, or are they on their way out? Seasonal and weather factors; is the weather going to get cool? Is it near the end of the season or are we actually approaching the warm season? Are we getting into the season where we expect a lot of virus activities? So again, if we don't do something about it, those mosquitos are going to stick around and become infected. Adverse weather is important. For instance, if it's going to rain for the next few days and people are going to be indoors, it doesn't make sense to go out and treat that area. So again, these are all contraindications for treatment that we look at.

When we're dealing with a pathogen such as West Nile Virus, we're not so much looking at numbers of mosquitos but looking at the risk to people of transmission. We look for things like is virus present and detectable in mosquitos, in birds, in equines or, you know, God forbid in people. We try to identify a high risk area; are there a lot of people in the area? Is it an area that we've seen virus in the past? Are there a lot of human biting species? What species are out there? We realize that it's not practical or even desirable to control adult mosquitos everywhere on the island that you find virus. Obviously, as you saw from the previous map, we'd end up spraying the entire Island which we don't do. What we do try to do is identify high risk areas and then we look at those feasibility factors, can we get an effective treatment in. And again, are we near the end of the virus transmission season or are we in August where we're getting near the peak of transmission?

So we looked at all those factors in making treatment decisions, and particularly •• in the case of a pathogen response, this is a lot of consultation with the Department of Health Services, with Public Health, with our Arthropod Borne Disease Laboratory, and in some cases up to the Commissioner of Health if it's a tough call.

So just to summarize these criteria that we use for adult control, we look for reports of the

biting impacts and a verification that there's a problem either in terms of numbers of mosquitos or the presence of pathogens, and then we look at other criteria that might negate having to treat for adult mosquitos, the technical constraints and idea that the problem would resolve without treatment.

So that's just to kind of orient you toward the program. It's a preventative program, it's a public health oriented program, it certainly has quality of life benefits in terms of allowing people to go outdoors. But as you can see, there is no place on Long Island, in Suffolk County where you can say, particularly as we get into the peak season, that we can be confident there's no virus there. And the other thing you have to remember is that we do not know virus are present in the mosquitos until a week or two after we catch them. So I would be very uncomfortable if somebody calls me and is being bitten by mosquitoes and we're saying, "Don't worry, your health is not at risk, there's no virus there," because the lab results could come in the next day and it would make a liar out of me that yes, they were being bitten and yes, there was virus present. So unfortunately we have to be preventive, we don't want to wait for people to get sick before we do something. And that's basically what I wanted •• the points I wanted to make.

DEPUTY COMMISSIONER MITCHEL:

Can we move on to Dr. Dillon, get the Public Health follow•up?

ACTING CHAIR LOSQUADRO:

Absolutely.

DR. DILLON:

I left a copy of all of the slides I'm showing today and a list of references with your stenographer here. I'm going to bring you back in time. Have you ever noticed how we in Suffolk County believe that everything begins and centers around us? Well, when it comes to West Nile it does. Way back in 1999 I remember Queens started noticing an odd syndrome where they had elderly people in Queens who all had something in common, they never left their own home. They hung out in their backyard, they had family barbecues in their backyard and they started showing up in the hospital with Encephalitis, and actually four of them died. And at the same time they started noticing an unusual crowd of crows that were dying, they were found on the street and one of the people who was actually noticing this was the zoologist at the Bronx Zoo, was noticing a lot of dead birds, crows landing in the zoo. And Dr. John

Andresen who is a veterinarian, who at that point had been in practice for about 30 years, mostly his practice was on the north fork, he was getting calls to attend to horses that he said had bizarre symptoms. He would describe the horse would just walk around in circles as if it was unable to put its head straight. Many times they would fall, they would •• a team of people would get the horse back upright, it couldn't walk or it would fall again. And so all of these •• the horse issues started to be brought to Public Health's attention here in Suffolk County; Suffolk County shared that with New York State. At the same time, the CDC and New York State were looking at what was going on in Queens.

Next slide, please. So with the specimens they had from the birds, they had actually run some initial tests at the CDC and they tested it for all known viruses that we already know existed in the US and they came back with St. Louis Encephalitis. Well, actually West Nile Virus and St. Louis Encephalitis will both give you a positive test to this result, so they were wrong but they didn't know that. And it made sense that they only looked for a virus that already existed in the US. And then what started happening was the zoologist, Tracy McNamara at the Bronx Zoo had some emu's and she knew that these emu's were very susceptible to St. Louis Encephalitis, so she knew she was going to lose them. She had already lost her flamingos, she kept seeing the dead crows on the ground. Time for a pop quiz; does anyone here •• and Dr. Harper is excluded and so is Walter Dawydiak because I know they'll know •• does anybody know what an emu is? Raise your hand if you know. All right. Can you describe it?

ACTING CHAIR LOSQUADRO:

It's a large, flightless bird.

ACTING COMMISSIONER DILLON:

Exactly, exactly. Next slide, please. That's an emu, it's in the ostrich family. Okay, these emu's lived, they didn't die. So Tracy McNamara thought, "I think the CDC is wrong." So she was discussing this with a friend of hers who was working for the U.S. Military. U.S. Military actually keeps a whole cadre of pathogens that anyone at any time could possibly use as a bio terrorism agent, so her friend said, "Ship me one of those birds." So she picked up a couple of the dead crows on the ground, shipped them to the military and sure enough, they discovered it wasn't St. Louis Encephalitis, it was West Nile Virus.

Next slide, please. Okay, where you see the circle here, that's Queens, that's when we first

started seeing our problem with the humans. At the same time, Dr. Andresen, way out on the north fork, was finding horses affected. And this map actually shows you where it started in 1999, you see New York, we were the hot bed, and as you see in the progression over the next few years where it spread in the US. So yes, the answer is it did all begin right here.

Now, for every person infected with West Nile Virus that we know about, you have to use the assumption that at least 150 other people are infected but never knew it. Now, as you can see, about 120 people, 80% of them will never know they had the virus at all. Is any harm done by having a virus that you don't know about? The answer is we don't know yet. Not enough has been known about this virus. Well, 20% of people will develop what they feel like is a flu; they'll have fever, chills, they ache all over, they get better, they're fine. And then one out of 150 people will develop meningitis or encephalitis; and as you know, in our history we've lost several of our residents from that, we've had four fatalities so far.

Okay, this virus is actually supposed to belong in the bird. We're not supposed to be involved in this cycle at all, it's supposed to go from mosquito to bird to mosquito. Well, somehow we get in the way and what happens is if the mosquito can't find a good source of his blood supply •• or I should say her, it's only the female mosquitos that bite •• if she can't find her blood supply that she needs to keep her eggs going and to keep her nutrition up, she's going to turn to others, she'll turn to a horse, she'll turn to a human.

Okay, in 2002 there were a total in the whole US of 4,156 cases of West Nile. Now, these were actually encephalitis cases predominantly at the time because we weren't actually looking at people who were asymptomatic, we were looking at people who were very sick and there were 284 deaths; Suffolk County contributed to eight of those cases and two of those deaths.

Okay. What happened in 2002 that also educated the world, mostly the CDC, was that there was a donor, a donor who died eventually of a brain death. But prior to dying, the person had received an extensive amount of blood transfusions and actually in total had received about 60 units of red blood cells before the person died of a brain death. Then they actually donated four organs to various people in the US and four of those people received •• developed West Nile Virus and one of those donor recipients died.

And so the CDC said, "Boy, we better take a look at this." We didn't realize that it could go from human to human through donor, that would mean it can also go from transfusion to

transfusion. We had no means of testing our blood supply to make sure that it was not contaminated with West Nile Virus. So the CDC actually did a study, they looked back at the summer through the fall of 2002, they were able to identify 23 cases of people who acquired West Nile Virus from a transfusion. As you can see, 12 of them were seriously ill with Meningoencephalitis, several of them died and some of the people never even got blood, they just got platelets or fresh frozen plasma. There are some people who have chronic diseases where their body eats up the platelets, they need to periodically get platelet transfusions. And they also realize that the degree of infection, how sick the person became, was really dependent on their own immune system. Those with chronic diseases tended to become more sick.

Okay. So here we have our blood supply. What was the CDC going to do about this? Well, what they did was they had to pull back all the blood that was donated during that time and areas that were known to have West Nile Virus. So that •• if you look back at why we suddenly had a blood shortage that year, this is what contributed largely to it. And then what they did was they said, "Hey, we have to have a test to look for West Nile Virus in the blood," and they got a test that's actually still considered investigational, it's not approved yet by the FDA but it's offered free to all blood banks so it's no charge to them because they want all blood banks to obviously screen for this disease. And out of one million specimens tested, 329 were positive. Okay? And then what else they did was the CDC decided that when you go to donate blood, I don't know if you've ever tried to do that, there's quite a few questions mostly about AIDS, travel to Europe, things like that. Well, now they had to add to it; have you had a fever, have you had a stiff neck? And so as you can see, that throws many more donors out of the loop and so that continues with our blood shortage problem.

Okay. How safe is our blood supply now? Well, since they started that screening program, in 2003 they identified six more people that did contract West Nile Virus from the blood, even though the blood test was negative. And so it's not still foolproof, it's a whole lot better than we would have been without this investigational test.

Now, if you had to have an accident in any state in the country right now, obviously you're going to get blood that's usually locally donated, which state do you not want to be in right now?

LEG. ALDEN:

New York.

DR. DILLON:

You say New York and I would have thought that, too. But if you look, New York is not too bad, we only had one donor who tested positive. Look at Texas, 57. Look at the Midwest.

ACTING CHAIR LOSQUADRO:

California, wow.

DR. DILLON:

Yeah, California 88. So I guess my least favorite state right now would be California, my second least would be Texas. I'd much rather get a New York Blood donor right now if I had a choice. Okay, next slide. It's thinking about it.

MR. NINIVAGGI:

Working.

DR. DILLON:

It's working at it, okay. Maybe I'll borrow my paper slides,

MR. NINIVAGGI:

It looks like I may have ••

DR. DILLON:

You double clicked on that?

MR. NINIVAGGI:

I kicked the hyper link.

DR. DILLON:

Oh, here we go, okay. In 2002, this was the year when we all became aware of how serious this was, they confirmed by the CDC that greater than 2,000 cases were acquired from mosquito to human, five cases from blood transfusions and four cases were from organ transplants with one death, and that was just that one organ donor who contributed those four deaths? They also

found that they had a baby in •• I want to say Michigan but I'm not certain •• that actually picked up West Nile Virus and the mother's breast milk tested positive. Another disturbing event happened, was that 10% of these Neurinvasive Diseases occurred in children, zero to 29 years of age people. Now, you may be saying, "Well, wait a minute. In Suffolk County, why aren't we seeing that?" Well, one of the problems with West Nile Virus infection is that when you first get the disease you won't develop anti•bodies right away. We're not actually testing for the virus, we're testing for your immune system's ability to make antibodies to that virus. So when you first end up with the headache, the fever and if we were to draw your blood or do a spinal tap, it would test negative; it's only several days later, about ten days later that we're going to get a positive. Now if we repeat that blood test or repeat the spinal tap, now we'll get the positive result. Well, with children, we don't sit around and wait for a kid who has a fever. You know, if they're acting floppy or funny, things aren't working right, we take them immediately to the hospital, the spinal tap is done in the ER that day and it's testing negative. And then if the kid gets better, we're not going to drag them back to a hospital a week •• four weeks later and have them undergo a blood test where they're obviously fine now.

Okay. What also happened in 2002 was they had a case in Syracuse, New York of a women who was 20 years of age. She was healthy and she was 27 weeks pregnant. Now, a pregnancy is 40 weeks long, so she's a little more than halfway there, everything seems fine. She ended up with a two day history of fever and severe headache, blurred vision, she was complaining of belly pain and back pain. Her doctor did an ultrasound and the tests all looked normal. Then over the next several weeks her symptoms actually worsened, she ended up in the hospital with Meningoencephalitis; five weeks later she gave birth to a baby who actually on outside appearance appeared completely normal. However, the baby was blind and then when they did tests on both the baby's •• the umbilical cord blood, the baby's blood, the baby's spinal fluid and mom, they all had West Nile Virus presence. Next slide.

Okay, this is actually a normal CatScan or MRI that we're looking at right now. Now, the two little circles on the top are the eyes and the whole thing about reading a CatScan is that it's supposed to look like a mirror image; whatever you see on the left is supposed to look identical to what you see on the right.

ACTING CHAIR LOSQUADRO:

Symmetry.

DR. DILLON:

Symmetry, there you go. So we all didn't stay at •• what is it, Holiday Inn, but we all can read a CatScan now. We got our first CatScan completely normal. The next slide I'm going to show you is of what the baby's CatScan looked like. Now, you can see there's something wrong here. Most of the brain matter is actually missing, there's big cavities of cysts there. Now, can I say with a hundred percent certainty that this baby's brain looks like this because of West Nile Virus? No, I can't. However, we do know that baby's spinal fluid has the West Nile Virus antibodies in it. The baby also is blind and in pictures of looking at the baby's retina, the whole retina has been disintegrated, it's been attacked by something. Okay, next slide.

This has been significant enough for the CDC to put out this quote, "That West Nile illness during pregnancy is now considered a potential risk factor for adverse birth outcomes." And what did the CDC do about this? Well, they started a birth registry, they started registering anyone that they could identify who had West Nile Virus during their pregnancy. They had, let me see, 42 births so far on that registry and 28, which is a little more than half of them, appear completely normal, the infants look like they did fine. Three of them, they actually lost the follow•up, the mothers didn't bring the child back for testing; five of them did have major abnormalities and two of them were born premature and four of them had minor abnormalities, rashes all over their body. One child was born with skin tags on her face.

Okay. So now, just this year, August 23rd we had another person who was an organ donor. Now, this is a person had a traumatic brain injury, and I don't know the details of it, I believe the person fell and ended up with blood on the brain. He underwent surgery, neurosurgery where they removed the blood clot and he didn't do well. On the 23rd they took the blood specimens from his arm and spinal fluid and they tested it, it was negative for West Nile Virus; they do that whenever they're considering sending someone for, you know, organ donation. On the 27th he was declared brain dead. They, of course, obtained more blood specimens from him and they donated four of his organs. Now, two of the recipients are in a coma right now, this is from August 27th to now, they received a liver and a lung. Now, the other two who received the kidneys, one has actually converted meaning her blood test is now positive for West Nile Virus, but she's perfectly fine and healthy; the other person is still testing negative for West Nile Virus. When they went back on that person's, the donor's blood after they started having the recipients develop disease, they went back and tested his blood specimen from the 27th, it was positive for West Nile.

So what happened in Suffolk County in 2002? Well, we had eight cases. We had one that we were just considering infection because, you know, a fever, it was not significant disease. We had one who presented with a polio-like presentation, one with meningitis, five with encephalitis and two fatalities. I'm going to bring you through just a few of these.

The first case was actually a 55 year old man who lived in East Setauket and he was trying to kick the habit of smoking and he was recently remarried and he had just finished building a shed out in his backyard, and so not to expose his wife and his step-children to the tobacco, he would go out there to smoke and so, you know, of course he was bitten by mosquitos. And he was also a big time kayaker and big time into bicycling. He ended up in one of our ER's •• well, first he was seen by his doctor with fever, sinus pain, the doctor put him on antibiotics, it looked like a sinus infection. And you can see the chronology of the dates; he actually was seen a couple of times by his doctor for this pain in his sinuses. On the 31st he developed chronic polyuria meaning he couldn't stop going to the bathroom, and so he was seen in the ER and of course a urologist was brought in because, you know, this is kind of an unexplained thing, someone who's getting up every 20 minutes and going to the bathroom, that makes no sense to any of us. He went through several urologic tests, they didn't find anything. And then on August 2nd he started noticing that he was having difficulty getting out of a chair but once he was up he could walk just fine. By August 5th he felt better, he said to his wife, "Let's go on that vacation we were planning," so they headed on down to North Carolina.

When he got down to North Carolina his wife said she noticed he started not talking; she would talk to him and he would just mutter back. And so they went to do their planned hike and he couldn't hike, he kept falling over. And his wife was a nurse, so she took him to a hospital there and down in North Carolina they assume all of Long Island is the same and so he must be from Queens and I bet you •• you know, we better test for West Nile; they tested and, sure enough, it was West Nile Virus.

Now, as you look at this, this would be very hard for any of us to suspect West Nile Virus, a man who is peeing too much, just had a recent sinus infection and now is having difficulty walking. And so as you can see, it's hit or miss as to how our cases are being diagnosed or picked up. Why is he having these bizarre symptoms? Well, at that time we didn't understand, now we're learning more and more that West Nile Virus attacks the central part of the brain.

Basically, the further out you go in the brain the more areas of thought, being able to do math, form words, that's all a part that's right under our skull. Deep in the brain, right behind the mouth or the throat, is where the part is that tells our heart to beat, tells our blood pressure to stay a certain rate, tells us to breath, and it also tells us when to urinate and when to not, and that's obviously an area that was being affected. Next slide.

Okay, in Babylon we had a 76 year old female who is the patriarch of the whole family. She cooks non stop, she keeps everybody going and has tons of energy; never goes anywhere except for her backyard, she has her own garden, gets her own tomatoes to make her pasta and sauces. And in mid August, again, very similar thing •• she develops sinusitis, went to her doctor and was placed on antibiotics. On August 16th, her husband found her on the floor, she was responsive, she was having seizures, she had a high fever, she, again, was having urinary incontinence and she was brought into the hospital, and they noticed in the hospital she was not breathing normally. They put her on a respirator, a ventilator, she stayed on that ventilator for 20 days. It really didn't look like she would make it, but she actually did, she went to a nursing home for two months and then •• her husband was actually calling me quite frequently because we were in the process of sending tests, we couldn't really determine in initial stages, we obviously have to wait for the New York State Department of Health Laboratory to tell us if the test is positive or not, and so he was basically reporting back to me on an almost daily basis on her progress.

Well, what happened was after she was discharged, the husband •• the son followed up with me a year later and she can balance her own checkbook, she goes to the grocery store, she still has a little bit of difficulty walking, she'll either push the grocery cart or her walker, but she has something that they have never seen before and that is unexplained aggression and unexpected behavior. When the family is sitting down to eat, she may walk up behind them and start swatting them in the back of the head. And so the family has been beside themselves not understanding this. And so actually she's been seen by several neurologists who say that the area of her brain that basically determines our behavior has been affected by this disease.

Okay, case number three, Melville resident. This is an 81 year old where if you just read the press release; oh, he's 81. Well, this guy just drove back from Florida with his wife and he was a little annoyed because no one took care of the leaves, his son didn't take care of the leaves in the yard. So he took his shirt off and he raked for two solid, straight days. Then he noticed the neighbor hadn't taken care of their leaves either and so he waited till they were at work and he

went over and he raked up the leaves on their lawn so they wouldn't come on his lawn. And then on the 9th he felt at home, developed a fever, he had weakness, unsteady gate and a irregular heart rate. And on the front of his legs, when the doctors examined him they noticed he had a lot of fluid on the front of his legs, didn't make a lot of sense to them. And so they did note in the ER that he had multiple mosquito bites all over his back. And then on August 14th he seemed to be talking normally, he seemed to be doing well, but on August 19th he died. He tested positive for West Nile Virus.

Now what happens is we get a Huntington resident again, and now this person seems to be a little bit strange in that she can't get out of bed and so they can't quite figure her out. She won't talk to them but she'll follow commands and won't get out of bed, but once the staff picked her up and had her standing up, she could walk normally. Well, what was that about? Well, it turned out she had what's called proximal muscle weakness just like in polio. Part of the body that is affected by West Nile Virus is the spinal cord and it's the front part of the spinal cord that actually gives us our ability to have strength where we can get out of a chair, when we're walking we're not using those muscles that we use to get out of the chair.

And what happens is she's there for a long time in the hospital and they can't understand the stroke, it doesn't make any sense to them, and her behavior seems a little odd so they call on the infectious disease doctor. Because the other thing is she has a fever that just keeps coming and going and coming and going. Well, when someone has a stroke and they're in the hospital for a while you would expect they would get pneumonia, so they treated her with antibiotics, the fever wouldn't go away. So they called Dr. Adrienne Collins from the Huntington area and she's an infectious disease doctor. So she couldn't figure it out and she said, well, what the heck, it's kind of a strange presentation, let me test this person for West Nile Virus. The test goes off, it comes back positive, she has West Nile Virus. Next.

Okay, here's another guy, completely healthy 46 year old guy, for a whole month his symptoms will not go away, he has a headache, he's got pain all over, he describes himself as a weekend warrior but for a whole month he can't do anything. He had this fig tree that his father had planted in the backyard, he said he recalls specifically going out in the evening to pick the figs off the tree and getting eaten alive, as he described it, by mosquitos. And so he goes to his doctor and says, "Please, please, will you test me for West Nile Virus because this is crazy, it won't go away," and sure enough his test was positive. I spoke with him about seven months

later he said, "You know, I'm an old man now. I can't do any of my sports anymore because I have pain wherever I've been injured in my lifetime, my elbow, my shoulder, etcetera.

Now you keep seeing Huntington here and you're wondering, wow, what's the deal? We didn't control mosquitos in Huntington? What's going on here? Actually, the answer I don't think is that. We had a very alert clinician because we had Dr. Adrienne Collins, again, consult on this patient. And also are you noticing that when people are sick and we're diagnosing them with West Nile, it's only when they've had the illness for a long time. Now, remember, when you first pick up West Nile you're not going to develop antibodies to it, so no blood test and no spinal fluid test right away are going to tell us you have the disease; it's only when the symptoms linger on that we find out. Okay, next one.

And this is my favorite case. This is a 59 year old man who's an engineer and he ended up with flu-like symptoms in early August, he had leg pain and weakness. So he was seen by an orthopedist, he was seen by a rheumatologist, he was seen by a neurologist. He had an MRI of his back, he had •• you name it, he had it. And he said that the pain was so significant in his hip that he was sleeping with ice packs at night. And he said then he was even at the point where he had now made an appointment for •• he had already been to the chiropractor but now it was acupuncture, because he needed to do something about this hip pain.

So what happens is he said finally he notices that he can no longer climb a ladder, he can get his right leg up but when it's time to lift the leg he actually has to use his hand to pick it up. So he now goes into his doctor's office, he goes into a new neurologist now, this is the second or third neurologist he's seen, and with him he has a Newsday article and he says, "Will you test me for this disease?" The Newsday article is all about how we are learning that you can get asymmetric, meaning one-sided, weakness with West Nile Virus. Well, his neurologist knew there was no way the State would test this man because he didn't meet the criteria. Now, the State can only handle so many specimens and can only test so many people and so they have a criteria, you must have a fever, you must confusion, you must have whatever, he didn't have any of that. So this neurologist, being very, very smart, ordered •• through a commercial lab you couldn't order West Nile testing, so there's no way he could actually test for the disease. So what did he do? He ordered through a commercial lab a test for St. Louis Encephalitis. So I get a copy on my fax machine of a positive St. Louis Encephalitis case. You know, my ego is getting big, I'm thinking, "Wow, I know this neurologist and he's smart and I know something he doesn't." So I call him up and I said, "Gee, I know you tested for St. Louis, but that's not it, it's

cross reacting, this must be West Nile," you know, and I'm rambling, going on and on, teaching him. He's very patient with me and then when I finished he said, "I know, but we would not have gotten it cleared for testing in Albany."

So what we did do now is we sent more specimens up to Albany and, sure enough, he had West Nile Virus.

Okay, I'm going to skip a few now, but basically where were we? Well, we had two patients who were self-diagnosed, two of our eight cases were diagnosed by the same physician and the third case was by her colleague, her partner, and two were tested out of state.

Okay, I'm going to give you just the first case of 2003, and this is a 62 year old fuel oil delivery person. He was actually going to retire and what happened was a lot of people started opening up their summer homes and they really wanted their fuel oil deliveries made, so his company said, "Could you come back just to do about three or four more weeks for us," and so they paid him as a contractor instead. And this is where he delivered fuel oil. His wife said that he would come home with mosquito bites all over him because people would have standing water in buckets, things like that outside of their home because they hadn't been there all summer, all spring, and that when he would have to push away the bushes •• because they hadn't mowed either •• to get to the oil dispensing thing, he would get eaten alive by mosquitos. They were trying a product through Avon, you know, Skin•so•Soft which we don't recommend, they were trying to use that on him to protect him from mosquitos. Next slide. And as you can see, he doesn't do well. He ends up with fever, confusion, encephalitis. He remains actually comatose for an extended period of time and died on September 9th.

Okay, I'm going to skip a few of these now. Let's keep going, skip, skip, skip. As you can see, every place has been affected, there is no area that's not affected in in Suffolk County. And I'm just going to point back to all of this is due to this guy, the mosquito.

LEG. ALDEN:

It's a girl.

DR. DILLON:

Girl. You're right, girl. Bonus point to them.

ACTING CHAIR LOSQUADRO:

Let it not be said we're not paying attention.

DR. DILLON:

Now, if you think about it, Dr. Graham has been before you year after year telling you that we have the perfect environment for Malaria, we've proven that, we have a couple of Boy Scouts that picked up Malaria right here in Suffolk County. We have the perfect environment for Eastern Equine Encephalitis, it has a significantly high fatality rate for children, we've proven that. We've even lost horses to Eastern Equine Encephalitis here. And West Nile Virus is not as benign as it appears. Thank you.

ACTING CHAIR LOSQUADRO:

Thank you. Leslie?

DEPUTY COMMISSIONER MITCHEL:

Thank you, Dr. Dillon. Next we'll hear from Walt Dawydiak.

MR. DAWYDIAK:

Thanks. After not having lunch and hearing all that medical talk, I'm feeling kind of queazy, I'm not sure I can even go through with this.

Walt Dawydiak, Chief Engineer for Environmental Quality. I'm also feeling kind of odd, Vito Minei is here somewhere and I normally find him, find myself as his right•hand and today I wake up and find myself next to Dom Ninivaggi. I'm the Project Manager for the Vector Control and Wetlands Management Long•Term Plan, that's why I'm here. That project has as significant and environmental quality dimension as it does Public Health and Vector Control, so we in Health have had the honor to administer and manage that project which is now coming to fruition.

What you have in your folder is a brief status report on that project as well as our bulletin, our newsletter, some timelines and some supplemental information. I'm really mainly here, I don't have a presentation, I'm just here to answer any questions and lend our support for this Annual Plan of Work. I do want to make a couple of comments, if I could just have a couple of moments of your time.

The long-term plan is going to be presented to you at another session, it's entirely separate and distinct from the Annual Plan of Work; I don't want to confuse the issue too much. But I really do think it's important to emphasize that we've used all of the information that was used in the development of a long-term plan in reviewing and evaluating the environmental impacts and the potential impacts of this annual plan. This includes the culmination of a nationwide literature search, a number of local studies using real data in air, water, sediment and viota down to the part per trillion level with state-of-the-art for various Vector Control agents. We have used sophisticated models which have just been developed to provide yet another layer of review for this and all of this points to the fact that there's no significant health or environmental impacts associated with this plan as proposed.

You heard some information before presented by the Peconic Baykeeper, I'd be happy to discuss any of those specific claims. In a nut shell, all 16 papers that were submitted by the Peconic Baykeeper were thoroughly evaluated in-house by Vector Control and by Health. They've gone to a team of nationally renowned consultants that we have retained to do the long-term plan. They have also gone to a technical advisory committee and they have all been construed to date with the same finding. Any potential impacts found in those studies were at chemical concentrations, orders of magnitude higher than those present in the environment when used by Vector Control. These chemicals, when used in their intended manner at their concentrations, do not have any significant environmental impacts, it would be either measured or modeled. That's the one side of the equation, the other is a benefit. The results to date do indeed indicate that we may be averting tens of deaths and hundreds of illness annually by continuation of this annual plan of work.

I want to emphasize that this annual plan continues the policy of no new ditching. It's established a policy of no routine machine maintenance of ditching. There are controls over pesticides which are used only as a last resort and there are strict coordination procedures with the Health Department, we have memoranda of understanding in place for both pesticides and water management, they have been in place for a couple of years now, they continue and there is close coordination between our departments in implementing this Annual Plan of Work. Again, we think of the long-term plan not so much as something which establishes the absence of a negative impact, we're seeking to promote very major positive impacts by restoring thousands of acres of wetlands. We hope that this also reduces pesticide usage as an ancillary benefit, less pesticides is our County policy, it's always good when possible. But again, we

support this Annual Plan of Work and we'd be happy to answer any questions.

ACTING CHAIR LOSQUADRO:

Thank you. Leslie?

DEPUTY COMMISSIONER MITCHEL:

One more speaker. And I do thank you for your patience ••

ACTING CHAIR LOSQUADRO:

No problem at all, that's why we're here.

DEPUTY COMMISSIONER MITCHEL:

•• on what I think is a very informative and excellent presentation, but I know it's long.

ACTING CHAIR LOSQUADRO:

Thank you. Next speaker?

DEPUTY COMMISSIONER MITCHEL:

Chris Jeffreys, the last speaker.

MR. JEFFREYS:

Good afternoon, everyone. My name is Christopher Jeffreys, I've been here before, both for Vector Control and for other purposes. I'm an Assistant County Attorney with the County Attorney's Office, Deputy Bureau Chief of the State and federal Courts Bureau, and it's my responsibility in my role there to handle all of the litigation that arises concerning anything involving Vector Control. Our most frequent litigant is the Peconic Baykeeper and the permutations of the Peconic Baykeeper, whether it's Mr. McAllister, the General Counsel of the Peconic Baykeeper as a plaintiff, or there is one other plaintiff who joins them from time to time, Fred _Giofolo_ who is a crabber out east, he is a plaintiff on some of the cases.

My purpose here is basically to allay some misconceptions that may exist concerning the success that the County has had in litigation.

We don't •• we in the County Attorney's Office don't necessarily receive all of the press that comes about when we win cases in the Appellate Division. We see newspaper articles and press

releases come out when the Peconic Baykeeper may be successful at a trial level, in convincing a single judge that this Legislature may have done something incorrect. I am pleased to say that in the 2002 plan, which was my first litigation that I was involved with with the Peconic Baykeeper, the Appellate Division has agreed with the County Attorney's Office and this Legislature that the petition of the Peconic Baykeeper should have been dismissed, that the Annual Vector Control Plan of Work should have been continued. Same result was had in 2000 •

- concerning the 2003 Plan of Work; the Appellate Division reversed the trial court and found that the petition should have been dismissed. The Peconic Baykeeper's challenge should have been dismissed and the 2003 Plan of Work allowed to continue.

A similar issue is going to come about with the 2004 Plan of Work. As this panel may remember, the 2004 plan was an extension of the 2003 plan for one calendar year. The Appellate Division has basically ruled that the 2003 Plan of Work was valid, I have every reason to believe that they will reverse the trial court again and say that the 2004 plan was valid.

On the 2005 Plan of Work, there is no final judgment concerning the 2005 Plan of Work, but the same judge that has annulled our prior plans is the judge that's involved in this case. There are conflicting orders that have come down in the case, the first order involved, the Peconic Baykeeper's attempt for a preliminary injunction, the court determined on that order that there was no likelihood of success and denied the preliminary injunction that the Peconic Baykeeper wanted, that was earlier in the year. The County Attorney's Office filed an appeal of that, not because we thought the judge was wrong in the decision but we wanted sanctions against the Peconic Baykeeper for commencing and harassing frivolous litigation against the County of Suffolk. So that is the appeal that's pending on that particular case.

There is a memorandum decision that has come out in that case concerning the Vector Control Plan, I believe I have provided it to CEQ •• if anybody here wants it, I would be more than happy to provide it •• that discusses at length the entirety of the Vector Control Plans from 2002 through 2005 including the Long•Term Plan.

Not happy with litigation just in the State Court and in an attempt to invalidate this annual Vector Control Plan of Work, the Peconic Baykeeper also commenced Federal litigation under the Clean Water Act claiming that the Vector Control violates the Clean Water Act in that Vector Control needed a permit from either the DEC or the EPA in order to spray over protected

wetlands. The problem with that analysis is that neither the DEC nor the EPA will issue permits for Vector Control activities in compliance with the Clean Water Act. The EPA and the DEC have both issued opinions on this point that they do not issue the permits. So the lawsuit effectively is asking the County to try to get a permit from EPA or DEC that EPA and DEC have advised that there is no need for a permit.

The same issue was raised by a baykeeper in the 9th Circuit out in California and the 9th Circuit just rendered its decision on that case and confirmed that the permits that the Peconic Baykeeper is seeking the County to have are not needed for Vector Control activities. The County has asked Judge Spatt who is the judge hearing the case in the Eastern District here in New York for permission to move for summary judgment and dismiss the Clean Water Act case as being without merit, we have not made a determination at this point whether we will ask for Rule 11 sanctions against the Peconic Baykeeper and their attorneys for commencement of frivolous litigation.

As of this morning, there is also a separate application pending in that Clean Water Act case. We have for the past six months been asking the Peconic Baykeeper and their lawyers for any documentation that they have to support any of the claims that they have presented at any time to this Legislature and through their press releases and through their newspaper articles where quotes have been provided by the Peconic Baykeeper or their Counsel. We requested 25 specific occasions where either testimony has been given to this Legislature indicating that the Peconic Baykeeper has documentation in their possession, or in particular last year Legislator Vilorio•Fisher had asked the Peconic Baykeeper to produce documentation. He did not produce documentation, he has not produced documentation concerning the Clean Water Act lawsuit, we have asked for a dismissal of the case. There just seems to be no documentation to support what is being said here.

So as far as the litigation goes, the County on appeal, we're two wins no losses, we have one other appeal pending. We wanted sanctions against the Peconic Baykeeper and we intend to get them against the Peconic Baykeeper to stop the harassment and the litigation. SEQRA is designed at its base to take environmental considerations into the law making process, and I believe by the testimony that we've heard here today by the Peconic Baykeeper and their General Counsel that the environmental considerations are certainly being taken into account. But SEQRA, according to many of the decisions, is not intended to be a strangle hold on what the County is enabled to do to protect its citizenry. And I would submit to this panel that what

is going on here as far as the continued litigation brings an issue to light and to that extent it is laudable, but bringing an issue to light isn't necessarily what is needed in order to justify the immense amount of money that is being expended to defend these sorts of claims.

I should also note that the Appellate Division in the two cases that we've had reversed so far have assessed costs against the Peconic Baykeeper and his Counsel, we have judgments filed for the cost, we have not yet collected on those costs.

If the panel has any other questions concerning any other pending litigation from a general perspective, since I am representing the Legislature in those cases, I would be happy to answer them.

ACTING CHAIR LOSQUADRO:

Thank you. Legislator Kennedy I believe has a question.

LEG. KENNEDY:

Yes, I do. Well, actually I have several questions, but I guess based on some of •• where things are at, I'm going to try to present to you I guess in just a general nature as far as where things are at.

First of all, as to the litigation and the fact that we prevailed at the Appellate division, I am not a litigator so I do not recall, has the other side sought to take appeal to the Court of Appeals or are they barred?

MR. JEFFREYS:

They're barred now, they're time barred now.

LEG. KENNEDY:

So it's res judicata at the Appellate Division?

MR. JEFFREYS:

Yes, it is.

LEG. KENNEDY:

Okay. As to the SEQRA process, you spoke to that in general terms about the requirement that the body go ahead and look at the proposed action and consider the range of alternatives that may or may not be out there as well, including the do•nothing position. To what extent can you suggest to us at this point that that has been done in a comprehensive manner. We've had presentation in a variety of different areas, very comprehensive presentation, it's very clear that I think that there is some critical health concerns that are in place so the do•nothing position sounds like it's not something that's viable. However, I'm not necessarily certain that •

- well, I'll stop there. Tell me a little bit about on the implementation side.

MR. JEFFREYS:

The issue that came up this year in front of •• sorry, I have to change my glasses so I can read. The issue that came up this year in front of Judge Baisley who's hearing these cases concerned whether the Legislature should take into account any health considerations at all in making a SEQRA determination. Now, we know by regulation and by statute it says the Legislature has to take into account the public health issues. Justice Baisley, in his decision, without citation indicates that this Legislature exceeded its boundaries when it considered health considerations in making a SEQRA determination. Now, I just consider that wrong as a matter of law. The regulations say you have to take it into account, Public Health Law, Section 1500 and the sections that follow it, say that mosquito control has to be taken into account and you have to take into account the public health consequences. So the underlying basis for Judge Baisley's determination just seems to be improper and that was in a memorandum distributed. We don't have a final judgment yet, I don't know what he's going to do concerning that final judgment because we've counter•proposed certain issues in that final judgement, but it seems to me that if that's the position he's going to take, I welcome that position on appeal.

LEG. KENNEDY:

And in your experience and your esteemed Co•Counsel's experience, that would be unique I guess as far as SEQRA application throughout the State.

MR. JEFFREYS:

I've never seen it before. I've never seen where a Judge has determined and actually put it in writing that health considerations play no role in a SEQRA determination, I've never seen that before.

LEG. KENNEDY:

But as to the other part of my question to you as to •• assuming that that's legitimate, and I guess, you know, we're operating under that premise. To what extent can you tell us that there has been an exhaustive consideration regarding our responsibility to address the public health and safety issues vis•a•vis the techniques that are being currently utilized or others that could be contemplated by Public Works?

MR. JEFFREYS:

We know over the course of the years that we've had these cases presented to us, from 2002 up to today, that Vector Control has been modified. We have changed to permit certain environmental activities or preclude certain activities that we used to do; limit the number of ditching, eliminating Type I and Type II toxicity chemicals. We know that that has been done, in addition to what Leslie has told us, how we're further limiting the plan this year. When the Vector Control Program and the long•term plan was thought about back in 2002 when the funding was first put in place for the long•term plan, it was never the intention of this body not to do Vector Control; looking back at the Legislative minutes, that's fairly clear. And we know that each year the no•action alternative has been considered.

We know what happened pre•Vector Control because there's some historic documentation concerning what happened even pre our ditching, before we had the grid ditching which is subject to the long•term plan and what are we going to do with that. But before the grid ditching, before 1930, the year before that there were 531 reported cases of Malaria in Suffolk County. That's a significant number, because the population has so greatly increased over time, to have 531 people afflicted with a disease that is ordinarily thought of not as a US disease is unacceptable and that would be the no•action alternative. That's what we have to fear, that's what the documentation show us with the no•action alternative. We have to go back 70 years to find it because there has been some point of Vector Control activity since the 1930's with the grid ditching. So no action, I don't think historically that that will pan out as being the right thing to do, because historically it's shown that it's not the right thing to do. We have to make a determination based on what we're doing now, using the Adapco Wingman System with a targeted approach, from what the documents indicate to me that I have seen, to Vector Control application, is that the way to go. Is it the way to go to use larval controls, both biological and chemical, to avoid resistance to the larvae and to try to minimize what we're doing pesticide wise, and I think that's what Vector Control is doing and has been doing since 2002.

LEG. KENNEDY:

Again, I don't want to monopolize this. I have several more questions then I guess I'm going to defer to my colleagues to bring out the soliloquy a little further. Although I'm going to try to go •• and I'm not trying to be evasive, but obviously for a variety of reasons I'm trying to couch the questions in a general manner.

As to the bacterial, logical agents and the pesticide, the Methoprene that we use at this point, to what extent have we contemplated alternatives that may be there •• have we looked at and do we have a quantum of knowledge that tells us that these items are the best that we can go ahead and utilize at this point.

MR. NINIVAGGI:

That sounds like a technical question on mosquito control methods, so that's my department here. In terms of the methods that we use, these are state•of•the•art methods if you look around the country. In terms of could we go with a bacterial only program? I can tell you from my personal experience as superintendent that that has not worked in the past and it is extraordinarily unlikely to work in the future.

BTI, the bacterial product in the salt marsh, is very effective under certain restricted conditions and we use it whenever possible because it's a very good product, it's very difficult for mosquitos to develop resistance. However, our experience over the years has demonstrated that particularly in the warm summer months and on other technical conditions that I don't think you want to hear about, BTI will not be effective. What we did find •• what we run is a combined BTI and Methoprene program in the salt marsh, and we actually use more BTI than we use Methoprene in terms of acreage treated. The key thing is that when we added Methoprene to this program, we got dramatically improved results in terms of reductions in the numbers of mosquitos reaching residential areas. And this is what we're trying to do, we're trying to reduce the number of mosquitos to get to the residential areas so we don't have to spray those residential areas with pesticides. And also, when you're treating for adult mosquitos, the non•target impacts are likely to be higher. So using Methoprene in our system actually helps reduce our impact on non•targets on people, not increase it. So it's a very important part of our program.

Obviously, the bacterials are also a very important part of our program. You need to use a variety of techniques and tools so that you have the right techniques and tools for each situation. To arbitrarily take something off the table and then expect the other things to fill in the gap shows a lack of understanding of proper mosquito control practices and the ability •• the way these materials work.

LEG. KENNEDY:

I don't necessarily question the use or lack of use of the Methoprene in comparison to the bacteriologicals. My question goes more to •• and it's just, you know, I have no background or knowledge or basis as far as bacterial sides or insecticides.

MR. DAWYDIAK:

I'm sorry, I would like to just add to that from the perspective of the long•term plan. Part of our task was to conduct the National Literature Review, we also enlisted an independent expert who runs a number of mosquito control programs in New Jersey and he did indeed validate that these methods are the state•of•the•art and appropriate for where we are in time. Now, the best alternative over the coming decades will be source reduction by manipulating the wetlands via restorations; that's not something that can possibly happen on the time frame of a couple of years, we're talking at least a decade over here. So that would be the only other viable alternative to minimize larvicide usage to eliminate breeding areas by creating ponds and by filling breeding areas and connecting them to fish access pathways. So that is another alternative that we're looking at doing, it requires individual site permitting and a lot of resources and we're committed to that, but it's going to take at least 12 years.

LEG. KENNEDY:

God for us for background information but certainly nothing that we're contemplating before us right now. We are dealing with only the '06 plan, correct?

MR. NINIVAGGI:

Yeah, correct, we're dealing with the '06 plan. And again, in terms of implementing these alternatives, we are enthusiastically in favor of reducing our reliance on pesticides. However, it's not going to happen in a single year, certainly not going to happen in 2006.

LEG. KENNEDY:

All right. I'm going to ask it one more time, I guess if I can, perhaps in a different way, and maybe I'm just •• the question is not relevant. Is there anything else besides Methoprene in that same category that you've looked at, reviewed or evaluated that may or may not be appropriate for the outcome we're trying to achieve?

MR. NINIVAGGI:

No, there is not. Again, we use BTI whenever it is appropriate, we think it's a very good product. But when it's not appropriate, then we use Methoprene.

LEG. KENNEDY:

And Methoprene is the only pesticide at this point that achieves the outcome that we're looking to achieve.

MR. DAWYDIAK:

That's currently registered or on the imminently foreseeable horizon. Again, this is not as per us, this is as per various national experts that we've contracted. That's a correct statement.

LEG. KENNEDY:

Counsel, you concur?

MR. JEFFREYS:

From what I've seen in all the documentation, our program has always combined the biological with the chemical. And I haven't seen anything, nor has anything been presented to me throughout the course of the litigation, that there is another chemical product out there other than Methoprene. There's nothing that has been provided as a viable alternative and nobody has even mentioned it in the course of any of the litigation.

LEG. KENNEDY:

I have other questions, but I'm going to defer. Thank you.

ACTING CHAIR LOSQUADRO:

Thank you. Legislator Alden?

LEG. ALDEN:

The '06 plan contains elements that will lead to what you said as an overall plan of 12 years to accomplish a few goals? What we're going to be voting on now, that does contain the elements that will take us, whatever it is, one step closer to that accomplishment of ponds, water ways to connect the •• so we end up with fish in there to eat the larva and things of that nature; is that not correct?

MR. NINIVAGGI:

Well, wetlands restoration is not in the '06 plan because we have not yet completed the environmental review. Wetlands restoration is in the long-term plan, but certainly nothing that we're going to do in '06 would close out or preclude any of our options to do restoration once and if long-term plan is approved.

LEG. ALDEN:

Well, we don't ditch anymore, right?

MR. NINIVAGGI:

We don't do any new ditching. We do some maintenance of existing ditching, primarily in upland areas and by hand. As DEC has pointed out in some of the background material that you have there, there are times when some of our culverts and ditches do provide title flow that's essential to the health of the marsh and we would like to continue to do that when it's necessary, both for mosquito control and the health of the marsh. However, this is very minimal and it's certainly not a wholesale reopening of the grid ditch system.

LEG. ALDEN:

And ideally are we going to do away with that over the next 10, 12 years?

MR. NINIVAGGI:

If the long-term plan goes forward as it's currently constituted, yes, we would do away with just the routine maintenance of the existing system. We would move to advanced and improved techniques that would be much more effective and environmentally ••

LEG. ALDEN:

And that's what you mentioned before, the ponds, and to allow just the restoration by nature of the ditched areas?

MR. NINIVAGGI:

Long-term plan identifies about 4,000 acres right now that are not in need of mosquito control management and that would certainly be left alone. There's about 4,000 acres we've identified as needs some kind of intensive work, there's about 9,000 acres that are somewhere in between. So as the long-term plan moves forward, you know, we would like to identify areas. I would certainly like to identify areas where I don't need to work so I can concentrate on the areas that do need it.

LEG. ALDEN:

Thank you. One quick question to Dr. Harper. Dr. Harper, as Commissioner of Health, you're charged with the health, safety and overall well-being of people in Suffolk County; you've reviewed this, you support this approach to it?

COMMISSIONER HARPER:

Yes, I absolutely do support this.

LEG. ALDEN:

Thank you.

ACTING CHAIR LOSQUADRO:

Thank you. And I just want to say, that's part of the OMWM, the Open Marsh Water Management that we've discussed on many occasions in a couple of different committees, that certain areas, as was pointed out, could go through a process of natural reversion, other areas the process might need to be helped along through the marsh management programs. So I just wanted to just clear that up.

LEG. ALDEN:

Thanks.

ACTING CHAIR LOSQUADRO:

Okay. Any further questions for any of those presenting? Hearing none, this resolution is before us, it's already been taken out of order. Do I have a motion to approve? I'll make the motion to approve.

LEG. MONTANO:

Second.

ACTING CHAIR LOSQUADRO:

Seconded by Legislator Montano. All those in favor? Opposed?

2235 is approved (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).

Thank you for the presentation, it was very comprehensive.

DEPUTY COMMISSIONER MITCHEL:

Thank you very much.

MR. JEFFREYS:

Thank you.

ACTING CHAIR LOSQUADRO:

All right, on to the agenda.

Tabled Resolutions

No. 1985•05 • Amending and approving the 2005 Capital Budget and Program funds for the construction of Environmental Health and Arthropod Borne Disease Laboratory (CP 4003) (County Executive).

This is the resolution that has generated a great deal of debate.

It is somewhat mistitled in that the funding in this is for planning, not for the actual construction, this is the \$1.169 million for planning and design. Dr. Harper?

COMMISSIONER HARPER:

Yes, we do have a presentation for you this afternoon to discuss this specific legislation.

I would first like to start off with a brief introduction just sharing with you that I guess the Public and Environmental Health Laboratory and the Arthropod•Borne Disease Laboratory provide a broad array of analytical testing services for the County of Suffolk. And local support has been provided to many of our sister agencies as well as State and Federal agencies and these include the Department of Public Works, the Suffolk County Police Department including

the Homicide Squad, Suffolk County DA's Office, Suffolk County Fire, Rescue & Emergency Services, the New York State Department of Environmental Conservation, the New York State Department of Health and the U.S. EPA, Environmental Protection Agency. The samples tested, as we'll discuss a little further, include public water systems, surface waters, sewer samples, environmental crime samples, industrial and hazardous waste, lead paint and dust samples among others. And it's important that we remain vigilant in preparation for both man•made and other natural disasters that may occur in our County and it's, again, accordingly very important that we maintain our laboratory infrastructure as well as strengthen it when possible.

If we can go to the first slide, please. Okay, this just gives you the financial background regarding this particular legislation. And as you can see, what we are looking to do is to basically amend money that was in the previous Capital Budget in CP4003 to add \$200,000 to what was previously for planning, design and supervision, such that we would have a net amount of \$1,369,000, again, dedicated towards the planning of laboratory construction which we'll describe as we go further.

Okay, this overhead essentially •• or this slide essentially describes some of the programs that are involved in our Public and Environmental Health Laboratory. I think the question was raised at the previous Health Committee meeting exactly how many samples analyzed and where are we obtaining specimens and things of that nature, and this is really a breakdown of that information. And you can see that in 2005 the total number of samples tested, again, this is in our Public and Environmental Health Laboratory, was 43,850 samples, and we're projecting that in 2005 it should be roughly 46,440 samples.

If we look at our Arthropod•Borne Disease Laboratory, essentially they're involved with the surveillance of West Nile Virus, so some of what was just previously mentioned in the previous presentation, looking at potentially dead _Corbid_ birds as well as mosquito surveillance as well as surveillance of mosquitos for Eastern Equine Encephalitis, that all takes place in this Arthropod•Borne Disease Laboratory. And just to give you some rough numbers, right now in 2005 we're looking to test somewhere in the range of 60,000 mosquitoes will actually be tested as a result of this laboratory.

And this slide, in fact, shows that in a little bit more detail. If you look at the last, the bottom line, 2005, for year 2005 you can see that there are roughly 60,000 mosquitoes collected and

these are often times put in pools and sent to be tested. So there are total of 2,054 samples, pool samples that have been actually tested. And you can see that we also collect a number of dead birds, 238 dead birds were collected.

I wanted to see if we can give you just a visual of some of the laboratories so you can have a sense of the working conditions and this is one section of our Public and Environmental Health Laboratory. Again, this is another section of the laboratory and, again, this is another •• a section again, and this is all the Public and Environmental Health Laboratory, you know, an organics lab. So you can see that it's fairly congested. If we look at the Arthropod•Borne Disease Laboratory, again, you can see that some of the space, the lab space has been converted to office space and again, you can see that it's a fairly congested laboratory. This is the mosquito ID lab and library, and this is where we maintain some of our traps.

So in terms of our need for space, as you can see, the existing space is already over crowded. The complexity in terms of the programs that are being conducted continue to increase. And in fact, there are a number of new programs and mandates that are on the rise as well, so we envision that we would need certainly additional space as time progresses. And this gives you an example of some of our space needs that have been proposed and as you can see in our Public and Environmental Health Laboratory currently, we have 21,000 square feet, it's been proposed that we need somewhere in the range of 38,000 square feet. And as far as our Arthropod•Borne Disease Laboratory, it's currently 5,000 and we're estimating somewhere in the range of 14,000 square feet needed. So in essence, this resolution, what we're hoping is that we will have the dollar figure, \$1.369 million, to really provide us with the resources to develop a plan to look at both of our laboratories and determine where it will be the best place to put them within the County.

ACTING CHAIR LOSQUADRO:

Thank you, Dr. Harper. One of the things •• I don't think anyone really questioned the need for the space. I think you would have to agree that the thing that •• unfortunately he has an excused absence, he's out of town today, but the thing that perhaps perturbed Legislator O'Leary the most was that this body was not notified that a contract that we duly authorized, approved, was signed into law was never executed. And on the record, when we had the entire panel up here sitting here talking about vector control, Mr. Ninivaggi said •• and I quote, I wrote it down •• "We do not know for a week or two." Dr. Dillon says, "We wait for New York

State to give us a determination." This flies in the face of what was told to us at the last committee meeting where Legislator O'Leary was given assurances that these samples were returned to us within days, certainly within less than a week.

As I said, I certainly do not •• you know, we all can see the pictures, I know there certainly is a need and I'm sure we could get these samples analyzed in the most expeditious manner by having the testing facilities on•site. But the fact that the contract, a previous contract was never executed, we were not informed and information has not been forthcoming as to whether or not some amount of additional funding could have accomplished the same type of results as us having it on•site, perhaps in a more cost effective manner, I still think there's a lot of questions to be answered here and I would like •• hopefully you can address them.

COMMISSIONER HARPER:

Okay. Yeah, I think that •• in essence, as I shared at the previous meeting, these are really two separate issues, one is the laboratory construction and then there was the question that was raised regarding the contract, as you mentioned.

Just so that you're aware, I guess historically the Department of Health Services worked with the New York State Department of Health, Laboratory to submit specimens which would be tested, and at the time it was taking easily from 14 days or even longer to get results back for Albany which is what initiated the contract to work with SUNY Stony Brook. Part of the difficulty was the fact that during the SUNY Stony Brook negotiations, they never really materialized to a large extent because of the cost that was involved. What was requested at the previous meeting was that we share information with you regarding whether or not that amount of time has decreased and we do have that information readily available.

For 2004, the total testing cost, based on our current contract with the New York State laboratory, has been \$51,350. In theory, if we were going to contract with SUNY Stony Brook, it would have been \$275,000. When we look at the total number of mosquitoes that have been tested, the 2,054 mosquitoes, it turns out to be a cost of \$25 per sample versus what would have cost the County \$133 per sample if we had contracted with SUNY Stony Brook.

In terms of the actual turn•around time, we've decreased what was previously 14 days or longer, we have decreased that to a turnaround time of 7.2 days for positive results and 6.9 days for negative results. So, in fact, we have brought down the amount of time it takes for the

samples to be tested which was what was questioned before. I believe what we threw out, which is why I'm never comfortable throwing numbers without actually looking at the data, was that it was in between, in the range of five to seven days that we were getting the results back, but this based on the analysis that we've done for 2005.

And we have put in place a mechanism, because I concur with the concerns that were raised with the Legislature, that if in fact we have a contract or if there's legislation that's put forth by the Health Committee or the Legislature as a whole and, in fact, we don't follow•up with what was requested, that we will get back to the Health Committee just to keep you informed of the progress of that particular contract so there's no suggestion that we are not •• that we're trying to keep the Legislature in the dark in any way, form or fashion.

ACTING CHAIR LOSQUADRO:

So aside from giving adequate space for the laboratories now that are obviously sorely lacking for that space, this would also •• this construction project would also serve to further reduce the time frame in which we are getting our results, even above and beyond the expedited program that we have worked out with the New York State Laboratory; is that correct?

COMMISSIONER HARPER:

Well, we have no current intentions of breaking the contract with the State. In theory, if we have the adequate laboratory space, then we could theoretically attempt to do some of the similar testing that the State does here in our local laboratory.

ACTING CHAIR LOSQUADRO:

Right, but there •• I'm not saying we would break it, but that contract is not based on a flat fee, it's based on a per sample?

COMMISSIONER HARPER:

That's correct.

ACTING CHAIR LOSQUADRO:

So if there were not a reason to •• if we had the capabilities, there would just not be a reason to send those samples. Number one, if we had the capacity to do it ourselves.

COMMISSIONER HARPER:

That's correct.

ACTING CHAIR LOSQUADRO:

And number two, if it's on-site, we could certainly get the results back ••

COMMISSIONER HARPER:

Even quicker, that's correct.

ACTING CHAIR LOSQUADRO:

•• even faster.

COMMISSIONER HARPER:

That's correct.

ACTING CHAIR LOSQUADRO:

Questions, Legislator Kennedy?

LEG. KENNEDY:

Thank you, Mr. Chair. Doctor, I'm pleased to hear some of the specifics associated with the Stony Brook issue and the turnaround time as far as testing goes. I guess I would still wonder whether or not those same set of circumstances prevail today, but if you've got this relationship with the State testing labs, perhaps it would be counter productive, although I would still wonder whether proximity would yield results in an even quicker fashion. I don't know whether the testing is something that's a determination of days for culturing or what have you, but my curiosity still peaks.

The other thing that I guess I recall from our last discussion at the last meeting was the •• you know, we're called on here to constantly make decisions that are expenditure decisions, but that also we hear the word policy all the time and we're forced to go ahead and look at contrasts and comparisons. We spoke about the Medical Examiner's building, we spoke about the fact that the existing space needs to be expanded and we couldn't consider that because of the presence of the 4th Precinct. We also talked about the fact that we know now planning steps are in place in order to site a new 4th Precinct building which will not be in that same footprint. So in the wide range of decision making, have we looked at the alternative of

expanding the existing lab space rather than construction of a new free-standing combined lab?

COMMISSIONER HARPER:

I'm going to defer to Ben Zwirn on this particular issue.

MR. ZWIRN:

Yeah. I know with respect to the North Complex, and I know everybody's concerned about the 4th Precinct and there is a draft plan, and from my understanding it's just a draft plan, it has never been adopted as the final plan or the plan that the Legislature has •• has it been adopted? My understanding is it's still in draft form.

LEG. KENNEDY:

No, I've seen the plan, I've looked at it and gone over it. I know it was conducted, I know that it was brought forth by Public Works and to the best of my knowledge, it was an adopted plan. But even if it was a draft, the collective thinking that I have or what I've heard from DPW at this point is that 4th Precinct building is not going to go ahead and be where it sits now; the new building will be in a new location, as we discussed.

MR. ZWIRN:

That's correct. Right, because •• and that's why the project has been •• the whole North Complex has been delayed, because if they did it piecemeal, I forget which building now would run into the other building, the DA's office, would be affected, the Medical Examiner. If you expanded the 4th Precinct, it would encroach on other buildings unless it was all done at the same time or done in a fashion where they could be done without affecting ongoing operations that are happening in the North Complex.

You know, I think that the •• you're trying to put these all together, but I think they should be done separately. There's a linkage that you're trying to put together that I think this has to be looked at on its own merits. I don't think this is going to have an impact on the 4th Precinct.

MR. MINEI:

Maybe I could help a little bit?

LEG. KENNEDY:

No, I don't think it's going to impact the 4th Precinct; as a matter of fact, vice•versa. What I think is is that the fact that the 4th Precinct would no longer be standing may factor in to the cost of square footage. The ultimate goal here seems to be to get more space so that you can go ahead and perform the existing functions and the new functions that your department seems to be getting. Bioterrorism associated with arthropods, I'd say that's probably a new function for the County; I don't think we've been doing that for 30 years, have we?

COMMISSIONER HARPER:

No, that's correct.

LEG. KENNEDY:

Right. However, if there's a cost of square footage to be achieved for expansion of existing space that's X and new construction is X plus, then that should factor in to the decision making we make. All I'm saying to you is by virtue of approval of this resolution, are we committed to construction of a free•standing lab or do we still have the ability to consider expansion of the existing structure?

MR. MINEI:

Maybe I can help.

LEG. KENNEDY:

That's it.

MR. MINEI:

Legislator Kennedy, the Public & Environmental Health Laboratory is under my direction of Environmental Quality. We spoke about one of the issues being the final location of the 4th Precinct, but that is only one consideration. We then talked about the master plan for the Hauppauge North County Complex, concurrently there's master plan for Yaphank and what Resolution 1985 is asking for is the planning, design, site selection of the possible joint laboratory. But in the planning design, I think all of your issues will be resolved in the context of these two master plans. One of the Commissioner's first slides showed you that in anticipation of the PEHL vacating its space, there will be renovation for the forensics laboratory under the Medical Examiner. So the police precinct, I know we've focused on it the last couple of meetings, but that is only one consideration in the overall context of two master plans and

the request before you for planning, design, site selection for these two laboratories that you've all agreed need more space to accomplish their responsibilities.

LEG. KENNEDY:

I appreciate you adding that to the discussion, Mr. Minei. It's got to factor in to good planning, although I didn't realize that we were also contemplating expansion of the Forensics Lab as well. Again, I guess I will just •• I'll go back to it, it sounds like I'm once again beating a dead horse. But I would say that, you know, I'm questioning whether or not there has been consideration of the cost factor associated with the expansion in comparison to new construction, that's all.

MR. MINEI:

And I think the funding is meant to address your question. If the charge from the Legislature is for the Health Department to work with DPW and Space Management to keep all of this in context, the two master plans and the planning for the two laboratories, I'd say that's absolutely legitimate and something already considered. But we're asking you please to move forward with that plan and design and site selection.

LEG. KENNEDY:

Okay, I'll yield.

ACTING CHAIR LOSQUADRO:

Any other questions? Okay, do we have a motion?

LEG. MONTANO:

Motion.

LEG. ALDEN:

Second.

ACTING CHAIR LOSQUADRO:

Motion to approve by Legislator Montano, seconded by Legislator Alden. All those in favor? Opposed? You have your planning steps, motion is approved.

LEG. ALDEN:

Well, almost.

ACTING CHAIR LOSQUADRO:

Almost, it's out of this committee. ***Approved (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).***

Continue with Tabled Resolutions, ***No. 2084•05 • Adopting Local Law No. 2005, a Local Law to protect residents of Suffolk County against domestic violence (Cooper).***

I know we had some questions in the requirements as to how this would be accomplished. Is Counsel •• I don't blame her for stepping out for a moment, but I'll have to wait for her to get back to see if this has been •• I don't have an amended copy, I don't see that this was amended. So I will make a motion to continue tabling, I'll speak with sponsor, seconded by Legislator Montano. All those in favor? Opposed? ***2084 is tabled (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).***

2096•05 • To reestablish the Suffolk County "Disaster Animal Rescue Plan" Task Force (Cooper). I'll make a motion to continue tabling.

LEG. MONTANO:

Second.

ACTING CHAIR LOSQUADRO:

Second by Legislator Montano. All those in favor? Opposed?

2096 is tabled (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).

Sense 63•2005 • Memorializing Sense Resolution requesting State of New York to grant municipalities in Suffolk County the authority to promulgate rules and regulations governing day•care facilities for children (Alden). Explanation, Legislator Alden.

LEG. ALDEN:

Okay. Right now I as it presently exists, New York State does everything as far as a day•care

facility and that goes for site selection or site approval right on through to operations and things like that. What I'm saying here is the municipalities right now have zoning and they have control over where businesses and where appropriate type of construction and things like that should occur. Things that have happened recently •• and I'm not against day care centers, it's the opposite, I think we need more of them, but the problem lies when you end up with maybe one that's of an inappropriate size in a residential area affecting the entire neighborhood and that's something that local ordinance and local zoning and local control should be given to.

Contrary to the way it was presented before, I'm wholeheartedly in favor of continuing even the expansion of houses being used as day•care centers, but I think that local governments should have a little bit more control over it. And here's what happens, and it happened in my Legislative District in two places, somebody from out of town came in, bought a house in a residential area and set up a business. Now, I don't think the people when they bought their houses had the expectations that right next door to them was going to be a large business. A small day•care center most people don't have problems with, but a large, commercial•type of run establishment where there's nobody living in the house or the owner of the house is not living there, I think that's something that a question would be for the local municipalities and that's why I just ask New York State to give the locals a little bit more control over that.

ACTING CHAIR LOSQUADRO:

Very good.

LEG. ALDEN:

I'll make a motion to approve.

ACTING CHAIR LOSQUADRO:

Motion to approve by Legislator Alden, seconded by myself.

All those in favor? Opposed? Sense 63 is approved ••

LEG. MONTANO:

Abstain.

ACTING CHAIR LOSQUADRO:

Then it •• do we have a motion?

LEG. ALDEN:

No, let it die then. If you want to abstain on it the it dies.

ACTING CHAIR LOSQUADRO:

Motion fails (VOTE: 3•0•1•3 Abstention: Legislator Montano •

Not Present: Legislators Tonna, Binder & O'Leary).

Sense 71 ••

LEG. ALDEN:

Mea, resubmit it for me.

ACTING CHAIR LOSQUADRO:

Sense 71•2005 • Sense of the Legislature Resolution requesting the New York State Legislature to enact greater protection for domestic violence victims (Cooper). I think this dovetails with Legislator Cooper's 2084 resolution, so I'm going to make a motion to continue tabling. Seconded by Legislator Montano again. All those in favor? Opposed? ***Sense 71 is tabled (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).***

Introductory Resolutions

2190•05 • Declaring December as "Organ Donor Month" in Suffolk County (Carpenter). Motion by Legislator Kennedy, seconded by myself.

All those in favor? Opposed? ***2190 is approved (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).***

2199•05 • Accepting and appropriating \$100,000 in 100% grant funding from the New York State Office of Children and Family Services for the expansion of the "Home Base Program" in the Department of Social Services (County Executive). I make a motion to approve and place on the consent calendar, seconded by Legislator Montano. All those in favor? Opposed? ***2199 is approved and placed on the consent calendar (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).***

2203•05 • To supplement existing HEAP Program to benefit a wider range of Suffolk

residents (Alden). Explanation?

LEG. ALDEN:

See if the Commissioner wants to do it.

ACTING CHAIR LOSQUADRO:

If you would like to come forward. Commissioner.

COMMISSIONER DEMARZO:

Good afternoon. I have reviewed this legislation and spoken with Legislator Alden to a limited extent. I believe that the resolution provides some guidelines but that additional efforts should be made to look at other alternatives to expediting the million dollars being provided.

I just •• one of the things I wanted to point out is a number of counties in the downstate area have begun appropriating dollars to supplement the HEAP Program. Nassau County put \$250,000 out, Westchester County put over \$2 million out, and they're all looking at various ways to get these dollars out in the most efficient way given the fact that this is in addition to the HEAP Program. But it really cannot be commingled with the HEAP Program in some ways, because it is not a Federal and State program we can't support the budgeting nor the payment system on the State's Welfare Management System. So those create administrative issues that we need to look at to make sure that we can use these dollars and target some of the people most in need and that they can be distributed efficiently.

Right now we have three fuel sites in the County and we provide benefits, we provided benefits last year to 17,000 households. With the million dollars using the HEAP standard, we could have potentially another 4,000 to 4,500 people come through our doors. We have space issues, we have no staff, so I've indicated to Legislator Alden that our goal is to get these dollars out in an efficient way. I understand the money is in next year's budget, that we work on developing some models that will ensure that the people that the Legislature looks to target receive the money in a timely fashion.

So I have some reservations without a little bit more discussion on the process and the lack •• there is no staffing provided to distribute these monies to the intended population. Currently the Federal monies that we receive to hire temporary staff for the HEAP Program cannot be

used to implement this local program, we'd need to either time study each and every worker or establish separate workers to just do the local program. So we're looking to develop a program that meets the legislative intent of targeting the people and doing it in an efficient way so that people don't have to wait.

LEG. ALDEN:

I'm glad ••

ACTING CHAIR LOSQUADRO:

Thank you. Legislator Alden?

LEG. ALDEN:

I'm glad you point that out. There are jurisdictions that are very close to us that have implemented this same type of program and my intent here is even though you don't qualify for HEAP, you still could be in an economic class where you're going to get hurt really badly by a huge increase in the price of heating oil. So that was my intent and you've brought up a lot of good, you know, problems and areas that should be addressed. I'd like to make a motion to table this and I'll get a chance to talk to the Commissioner and the Executive's Office.

ACTING CHAIR LOSQUADRO:

Very well. Motion to table by Legislator Alden, seconded by Legislator Kennedy. All those in favor? Opposed? **2203 is tabled (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).**

2223•05 • Accepting and appropriating 100% State grant funds from the New York State Division of Criminal Justice Services to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the Forensic Toxicology Laboratory Accreditation Program No. 10 (County Executive). Motion to approve and place on the consent calendar by myself, seconded by Legislator Montano. All those in favor? Opposed? **2223 is approved and placed on the consent calendar (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).**

2225•05 • Accepting and appropriating 100% State grant funds from the New York State Department of Health to the Department of Health Services, Division of Patient Care Services for the School•Based Health Program, NYS Legislative Funds (County

Executive). Same motion, same second to place on the consent calendar, same vote. **2225 is approved and placed on the consent calendar (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).**

2226•05 • Accepting and appropriating 100% Federal grant funds from the U.S. Environmental Protection Agency to the Department of Health Services for curbing pesticide and nitrogen pollution in the Peconic Estuary; a Homeowners How to (County Executive). Same motion, same second, same vote. **2226 is approved and placed on the consent calendar (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).**

2227•05 • Accepting and appropriating 100% Federal grant funds from the U.S. Environmental Protection Agency to the Department of Health Services for UIC Database for Class V Wells (County Executive).

Same motion, same second, same vote. **2227 is approved and placed on the consent calendar (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).**

2230•05 • Accepting and appropriating 100% State grant funds from the New York State Division of Criminal Justice Services to the Department of Health Services, Division of Medical, Legal Investigations and Forensic Sciences for the Crime Laboratory Accreditation Program No. 10 (County Executive). Same motion, same second, same vote. **2230 is approved and placed on the consent calendar (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).**

2235 has already been addressed.

2275•05 • Declaring the first week in April a "Nephrotic Syndrome and FSGS Awareness Week" (Cooper). I believe a Nephrologist has to do with liver disease, if I am correct.

MR. COHEN:

Kidney.

ACTING CHAIR LOSQUADRO:

Kidney disease? I apologize, I forget my biology. I know this is something that has touched a number of people throughout the County very personally. I'll make a motion to approve.

LEG. KENNEDY:

Second.

ACTING CHAIR LOSQUADRO:

Seconded by Legislator Kennedy. All those in favor? Opposed?

2275 is approved (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).

2304•05 • To protect Suffolk County children by instituting an educational program on the dangers of food allergies (Alden).

I'll ask for an explanation either from the sponsor or from Counsel.

LEG. ALDEN:

I can do this. You know, sometimes we take lightly when somebody says they have an allergy and we just think, okay, they're allergic, they start sneezing and things like that. Well, actually allergies to peanuts •• and that's what I'm targeting a little bit here •• can be deadly. There was just a death last week in New Jersey where a girl kissed her boyfriend, her boyfriend had ingested some peanuts and she actually died within eight to ten hours of it. So Nassau County did this program so Dr. Harper is probably familiar with it, I've given as backup what Nassau County did. So what we are asking you, Dr. Harper, would be to develop a program, send it out to the school districts, and there's some ways that we can prevent kids from getting very, very sick or through education or actually dying. So that's what this would do.

ACTING CHAIR LOSQUADRO:

Very good. Any other questions? Dr. Harper, would you like to comment on this?

COMMISSIONER HARPER:

I concur. This is a reasonable program and I'll work closely with my colleague in Nassau County, Dr. _Achman_ , to develop a similar program.

LEG. ALDEN:

Thank you.

ACTING CHAIR LOSQUADRO:

Very good. Do we have a motion to approve by Legislator Alden?

LEG. KENNEDY:

Second.

ACTING CHAIR LOSQUADRO:

Seconded by Legislator Montano. All those in favor? Opposed?

2304 is approved (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).

I know I'll speak for myself and possibly the other members present of the committee, I would like to cosponsor this. Legislator Montano and Legislator Kennedy, the members present, will go on as cosponsors.

Sense Resolutions

Sense 81•2005 • Memorializing Sense Resolution in support of the Breast Cancer Patient Protection Act of 2005 (S.910)and (HR.1849). (Viloria•Fisher), and there are Senate and ••

LEG. KENNEDY:

On the motion.

ACTING CHAIR LOSQUADRO:

•• House bills. Is there an explanation?

LEG. ALDEN:

I can give it, too, if you need it, but go ahead.

MS. KNAPP:

Legislator Alden, obviously he knows much more about these issues than I do. This resolution supports Federal legislation in both the House of Representatives and the Senate that would

require •• I guess it's a certain level of care. There are things known as drive•thru mastectomies or something now where people are in the hospital for very, very brief periods of time and this bill I would require some standards to be set in place.

ACTING CHAIR LOSQUADRO:

Counsel, if I could just interject, I'm sorry. It's been brought to my attention that this bill is duplicative, that Legislator Kennedy had filed a substantively similar bill with the same ••

LEG. ALDEN:

Mr. Chair?

ACTING CHAIR LOSQUADRO:

With the same resolution numbers. Legislator Alden?

LEG. ALDEN:

Can I suggest a •• let's pass this out of committee. If Counsel does the research and we already did this, then we can bring that up on the floor and, you know, either repass it to emphasize our support of it or we can do away with it at that point.

ACTING CHAIR LOSQUADRO:

Discharge it?

LEG. ALDEN:

Actually, I have to make a statement. I was in the hospital for two weeks, you know, what they're doing to people with the same day discharge and things like that, that's ridiculous.

LEG. KENNEDY:

It's critically important. As a matter of fact, when I spoke with Legislator Vilorio•Fisher yesterday I did say to her that, you know, I couldn't agree more of the importance of this and certainly the fact that we have minimum standards. We did go ahead back in March, I believe it was, it was Sense 23, where as a full body, 18•0, we did go ahead and pass this very same Sense, memorializing both the House and the Senate version. But certainly, you know, when it comes to something like this, we probably can't do it enough; if it helps the process, I'd be happy to see it go forward.

LEG. ALDEN:

Double the effect.

LEG. KENNEDY:

Absolutely.

LEG. ALDEN:

Thank you. I will make a motion to approve.

ACTING CHAIR LOSQUADRO:

Motion to approve by Legislator Alden, seconded by Legislator ••

LEG. MONTANO:

Second.

LEG. KENNEDY:

Well, Kennedy had already expressed an interest. All those in favor? Opposed? ***Sense 81 is approved (VOTE: 4•0•0•3 Not Present: Legislators Tonna, Binder & O'Leary).***

No further business before this committee? We are adjourned.

MR. ZWIRN:

Let me just say thank you to the committee getting together a quorum. We had some important business here today and I appreciate it and i want to thank Legislator Alden for pressing to service.

LEG. ALDEN:

I'm here to serve.

(*The meeting was adjourned at 2:19 P.M.*)

***Legislator Daniel Losquadro, Acting Chair
Health & Human Services Committee***

_ _ • ***Denotes Spelled Phonetically***